

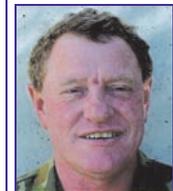
The best trained Army “medics” the ADF has ever had

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IN 1999, THE THREE SERVICES carried out a workplace assessment to specify the training needs for Australian Defence Force Medical Assistants. The Basic Medical Assistant course and Advanced Medical Assistant course were created to meet capability requirements. Medical Assistants from all three Services now receive the same initial training and then add Service-specific training, such



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Abstract

- ◆ In 1999, the three Services assessed the training needs of Medical Assistants.
- ◆ The Basic Medical Assistant Course and Advanced Medical Assistant Course were created in response to that assessment.
- ◆ The Army is continuing to review the skills and training needed to support the future Army.
- ◆ Reserve medics, although initially trained in fewer competencies, are trained to the same level in these competencies as Permanent members.
- ◆ Overall, Australian Defence Force medics are better trained than ever before.

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as the Aero Medical Evacuation course and Rotary Wing Aero Medical Evacuation.

Medical Operators ECN 031-I

The Basic Medical Assistant Course is currently 34 weeks long. The Australian Army currently trains all Basic Medical Assistants at Health Services Wing, Army Logistic Training Centre, in Bonegilla, Victoria. Health Services Wing usually conducts three Basic Medical Assistant Courses concurrently. Every year sees up to 74 trainees graduate from Health Services Wing: about 12 Air Force Basic Medical Assistants and 62 Army Medical Operators.

The Basic Medical Assistant Course was rewritten in late 2005 to meet further ADF capability requirements. From 2006, all Basic Medical Assistant Course trainees receive an additional 6 days of training and assessment. The improvements in the course curriculum include recognition and treatment of injuries in a pre-hospital environment. New skills include pre-hospital protocols for commencing intravenous therapy and treating casualty pain by commencing methoxyflurane inhalers. Medical Operators are also now trained to defibrillate casualties with ventricular fibrillation or pulseless ventricular tachycardia using the in-Service semi-automated external defibrillators. The Wet Bulb Globe Thermometer is now also taught to all Medical Operators in accordance with *Safetyman*.¹

The revised Civilian Health Training Package was finalised in February 2007. Defence has done a lot of work over the past few years to have the Medical Operator

training aligned to the civilian sector. Medical Operators, on completion of their training, are awarded a Certificate IV in Defence Health Care, which allows all graduates accreditation towards further advanced civilian qualifications.

Army Medical Technician 031-2

The Advanced Medical Assistant Course is conducted over 14 weeks, and is undertaken by Medical Operators after they have completed their Skills Maintenance Books. On completion of the Advanced Medical Assistant Course, Army members are known as Medical Technicians. During this time, indeed for the rest of their Army careers, all Medical Operators and Technicians complete skills maintenance book assessments encompassing high order and erodable skills.

The Royal Australian Army Medical Corps Medical Technician of today is vastly different to the Medical Assistants who patrolled South Vietnam and Somalia. The training of today's Medical Technician has been developed to meet the threat of today's complex battlefield.

The Army Medical Technician is a multiskilled professional who is deployable in any health role required. They are integral to the continuum of health care provided to ADF members as part of a health care team, and are required to practise the highest standards of health care within the limits of their scope of practice and training. They can provide lifesaving support on the basis that it may be a few hours before appropriate advanced medical treatment can be provided by more qualified health care professionals.

The recognition that our Army Medical Technicians have received from our coalition partners while deployed on Operation Slipper, Operation Falconer, Operation Tsunami Assist and United Nations humanitarian missions confirms beyond doubt that our Army Medical Technicians are well trained and provide the necessary health capability to the ADF.

It is proposed that, on completion of their training, Medical Technicians will be awarded a Diploma in Defence Health Care.

Proposed Supervisor Medical Technician ECN 031-3

With the realisation of the Chief of Army's Hardened and Networked Army concept,² the RAAMC has identified a requirement to develop a framework under which medical professionals can contribute to Hardened and Networked Army outcomes. Therefore, it is essential to establish realistic and achievable training objectives if the RAAMC

contributions to the Hardened and Networked Army process are to be maximised.

The role of the Defence Health Service is to conserve personnel through the prevention of disease and non-battle injuries. The main focus should always be the treatment of battle casualties.

Recent operational experience, post-activity reports and lessons learnt demonstrate that the Army's medical professionals will be asked to operate in a more complex war fighting and lethal battlefield environment. There is a greater need to operate independently, with sophisticated equipment and interoperability with various coalition forces. There are now far more issues to deal with than those faced by medics of old.

To meet this challenge, the Army is developing the next stage of the training continuum for regular Army medical professionals. The Basic Medical Assistant Course and Advanced Medical Assistant Course provide a solid platform to cement a sound framework for the employment of Army medics into the future. With this in mind, the RAAMC conducted a Corps conference in June 2006. The theme was "Hardening the Corps", addressing the RAAMC capability inputs and requirements of all trades in support of the Hardened and Networked Army.

During the conference, a number of Senior Non-Commissioned Officer Medical Technicians formed a working group. The group concluded that Medical Technicians require further training in advanced airway management, second-line cardiac emergency treatment, chest tube insertion, more advanced primary health care assessment/treatment, obstetrics and gynaecology, paediatrics, humanitarian aid, further clinical placement training, and practice management skills in relation to corporate governance guidelines for operating or managing a military health care facility. The other components that are under consideration are dive medicine; aviation and altitude medicine; managing casualties of chemical, biological, radiation and nuclear attacks; disaster scene management; helicopter underwater escape training; and rotary wing aviation medical evacuation.

Health Services Development Group, Army Logistic Training Centre, is developing a Training Management Package for the Supervisor Medical Technician. The intent is to conduct a further Subject Matter Expert working group to confirm the above draft requirements and skill sets for the Supervisor Medical Technician. At this stage, the Supervisor Medical Technician training will be structured as a Subject Four Sergeant Course. The Training Management Package for the Supervisor Medical Technician will undergo accelerated development over the next 12 months with an expectation to conduct a pilot course in training year 2008–09.

To add to the development phase, the newly appointed Warrant Officer Class One, Corps Employment Advisor Health, will be conducting a series of fact-finding visits to

units throughout Australia to generate further discussion and identify specific capability requirements.

Combat Medical Attendant ECN 291

The Army relies heavily on its Reserve personnel as a means of supplementing capability in times of high operational tempo. This reliance is clearly represented by the role the Army Reserve has played in deployments to Rwanda, Bougainville, East Timor and the Solomon Islands. Over recent years, the Army has attempted to provide the same level of training to both Australian Regular Army and Army Reserve soldiers. The time constraints associated with Army Reserve have posed a significant challenge in trade training of Reserve personnel.

The new Combat Medical Attendant is a competent, employable and potentially deployable soldier with a trade-training continuum that is achievable within the cultural and employability constraints of the Army Reserve. A trade review, conducted in 2003, identified a need to create a separate Other Ranks Medical Trade Structure for the Army Reserve. As a result, a new trade and training continuum has been developed for Army Reserve Medical Attendants. This was presented before the Defence Force Remuneration Tribunal in December 2005.

Defence Force Remuneration Tribunal Determination No. 14 of 2005 permits the Combat Medical Attendant trade to consist of Combat Medical Attendant Grade 1 and Grade 2. The Remuneration Tribunal will review Grades 3–5 as the relevant promotion trade training is developed for the proposed skill grades.

Combat Medical Attendant Grade 1 — Module 1 (Pay Group 1)

Combat Medical Attendants Grade 1 are required to perform a wide range of tasks, including providing pre-hospital care as part of an evacuation team following instructions from and being supervised by more senior members of the evacuation team. They also provide health support to low to medium risk training activities, working in accordance with *Army Treatment Protocols Manual, Volume 1 — Pre-Hospital Care*.

The Combat Medical Attendant is capable of performing advanced first aid and basic patient care, administering emergency medication, performing intravenous therapy, managing a routine scene and transport of patients by road ambulance, and following procedures for routine safe patient extraction. The Combat Medical Attendant Grade 1 will also be qualified in the use the Wet Bulb Globe Temperature equipment.

Where currency has been maintained, the Combat Medical Attendant Grade 1 can be panelled for Combat Medical Attendant 2A and 2B courses.

Combat Medical Attendant Grade 2 — Module 2A and 2B (Pay Group 2)

Combat Medical Attendants Grade 2, while still not able to act independently, have a broader skill set and are able to operate in a primary health care environment, including low to medium risk training activities. A Combat Medical Attendant at this level of training is required to perform a wide range of tasks, including providing limited primary health care under direction and in accordance with *Army Treatment Protocols Manual, Volume Two — Primary Health Care*.

In a normal non-emergency presentation, for example at sick parade, they are able to assist in taking the clinical history, examining the patient and formulating a diagnosis. In addition, they are more advanced members in evacuation teams, providing emergency pre-hospital care, and are able to act as a scribe and orderly as part of a resuscitation team.

Working in a health facility, the Combat Medical Attendant Grade 2 can process and maintain workplace information, make referrals to other health care professionals when appropriate, provide reception services, undertake routine inventory maintenance, collect blood and other pathology specimens, conduct a clinical assessment, administer medications, and perform basic and assist with more complex clinical procedures.

Where currency has been maintained, the Combat Medical Attendant Grade 2 can be panelled for Combat Medical Attendant Subject 4 Corporal Module courses.

Combat Medical Attendant Grade 3 — Subject 4 Corporal Module 1 (Proposed Pay Group 2)

In addition to functions performed at Grade 2, the Combat Medical Attendant Grade 3 will provide health support to medium to high risk training activities, provide advanced trauma life support, and apply advanced clinical interventions in accordance with the *Advanced Medical Assistant Emergency Manual*.

This includes performing advanced emergency and non-emergency pre-hospital care as either a member of an evacuation team, or providing health support to medium to high risk training activities. The Combat Medical Attendant Grade 3 will also be deemed competent in the use of the semi-automated external defibrillator and laryngeal mask airway. They will also have the skills, knowledge and attitude to coordinate clinical activities, contribute to professional development activities, provide emergency life support to casualties, and coordinate emergency response activities, including casualty evacuation in an emergency situation.

In addition to the above, they will be responsible for the security, maintenance and servicing of all section equipment, and supervising subordinates.

Where currency has been maintained, the Combat Medical Attendant Grade 3 can be panelled for Combat Medical Attendant Subject 4 Corporal Module 2 course.

Combat Medical Technician Grade 4 — Subject 4 Corporal Module 2 (Proposed Pay Group 3)

In addition to functions performed at Grade 3, the Combat Medical Attendant Grade 4 will promote the health and wellbeing of unit members, providing advanced primary health care in accordance with the *Advanced Medical Assistant Primary Health Care Manual*.

The Combat Medical Attendant Grade 4 can provide health support to medium to high risk training activities, and operate in an advanced primary health care environment without supervision. In a normal non-emergency presentation, for example at sick parade, they will be able to take a clinical history, perform an examination and formulate a diagnosis. In addition, they are more advanced members in evacuation teams providing emergency pre-hospital care.

The Combat Medical Attendant Grade 4 will also be qualified as a Prohibited Substance Tester.

The Combat Medical Attendant Grade 4 will also be responsible for the security, maintenance and servicing of all section equipment, and supervising subordinates.

Where currency has been maintained, the Combat Medical Attendant Grade 4 can be panelled for Combat Medical Attendant Subject 4 Sergeant Module course.

Combat Medical Attendant Grade 5 — Subject 4 Sergeant Course (Proposed Pay Group 4)

In addition to functions performed at Grade 4, the Combat Medical Attendant Grade 5 will coordinate health support, health administration, logistical support and the implementation of safe practice in the workplace, and provide detailed operational planning and coordination of logistical and health support for unit level operations.

They will also be responsible for ordering stores and verifying accounts, have an awareness of cost-effectiveness and avoiding resource wastage. They may also manage

subunit resources, estimate budget requirements, and bid for funds. They will also be responsible for supervising subordinates.

Where currency has been maintained, the Combat Medical Attendant Grade 5 can be panelled for the All Corps Warrant Officer Subject 1 course.

Benefits of the Combat Medical Attendant trade

The Combat Medical Attendant trade and training continuum will provide a realistic and sustainable option for Army Reserve medics, who are currently disadvantaged by the introduction of the new tri-Service training structure for Medical Operators/Technicians. It provides them with employable skills that are transferable to the ADF deployed environment, with operationally required gap training.

The new Combat Medical Attendant structure provides a long-term solution to the difficulties posed by allowing Reserve recruits, rather than simply Permanent Force transferees, to train and serve as Army Reserve Combat Medical Attendants.

Conclusion

The Army now has the best trained medics that it ever has had and is continuing to review what extra training requirements are needed to continue to support the future Army. The new Army Reserve medic is also being trained better than ever and, although initially they are trained to a lesser number of competencies, these competencies are to the same level as the regular Army medic.

References

1. Australian Department of Defence. Defence safety manual. Canberra: Department of Defence, 2002.
2. Australian Department of Defence. Hardened and Networked Army [website]. <http://www.defence.gov.au/army/hna/default2.htm> (accessed Aug 2007).

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