



Highlights of [GAO-10-696](#), a report to congressional committees

## Why GAO Did This Study

Military medical personnel, who are essential to maintaining one of the largest and most complex health systems in the nation, are in great demand due to the need to treat injured or ill servicemembers, and advances in technology that require specialized personnel. To determine how well the Department of Defense (DOD) and the services are developing their medical and dental personnel requirements, GAO evaluated (1) the extent to which the services have incorporated cross-service collaboration in their medical personnel requirement processes, and (2) the service-specific processes for determining their requirements for military and civilian medical personnel. To conduct this review, GAO evaluated manpower policies, analyzed the services' requirements data and determination processes, and interviewed officials from the Office of the Secretary of Defense (OSD) and each of the services.

## What GAO Recommends

GAO recommends that OSD and the services emphasize a long-term joint approach to medical personnel requirements determination by identifying the common medical capabilities shared across the services and developing cross-service medical manpower standards, where applicable; and that the services take actions to improve their respective medical requirements determination processes. In written comments to a draft of this report, DOD generally concurred with these recommendations.

[View GAO-10-696](#) or [key components](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or [farrellb@gao.gov](mailto:farrellb@gao.gov).

## MILITARY PERSONNEL

### Enhanced Collaboration and Process Improvements Needed for Determining Military Treatment Facility Medical Personnel Requirements

#### What GAO Found

While DOD's 2007 *Military Health System Human Capital Strategic Plan* emphasizes developing human capital solutions across the services to enable departmentwide decision making and analyses, the services' collaborative planning efforts regarding requirements determination for medical personnel working in fixed military treatment facilities have been limited. In one effort to integrate operations, DOD is consolidating medical facilities in the Washington, D.C., area under a joint task force that calls for joint staffing of the military treatment facilities in the region. However, officials have faced challenges in developing the manpower requirements for the joint facilities due to the use of outdated planning assumptions. Separately, the Office of the Secretary of Defense (OSD) sponsored another joint medical effort to develop a cross-service medical manpower standard for mental health personnel. This standard is being used to determine the amount of personnel needed to meet common, day-to-day psychological health needs of eligible beneficiaries across the services. However, to date, this standard is the only one of its kind, and OSD officials said that no other similar efforts currently exist. The services' continued focus on separate medical personnel requirements processes may not be consistent with the DOD strategic plan's vision of a more integrated approach, and the services may have missed opportunities to collaborate and develop cross-service manpower standards for common medical capabilities that are shared across military treatment facilities. Sustained and committed leadership emphasis on developing more effective ways of doing business, such as the use of cross-service medical manpower standards, is key to successful, collaborative human capital strategic planning.

To the extent that the services need to maintain separate processes, GAO also found that their requirements processes are not, in all cases, validated and verifiable, as DOD policy requires. Selected specialty modules in the Army's model contain some outdated assumptions, such as the level of care currently being provided, and only a portion of the modules have been completely validated. While the Navy has employed an approach that uses current manning as a baseline and adjusts its requirements based on emerging needs or major changes to missions, the approach is not validated or verified as required by DOD guidance. The Air Force said it may not know its true medical requirements as the model it has relied on also is not currently validated or verified. Each of the services has recognized the need to have processes that can be validated and verified, and has taken steps to address these issues in recent years. However, without processes that are validated and verifiable, the services cannot be certain they are determining their medical personnel requirements in the most effective and efficient manner. Also, the services do not centrally manage their processes for their civilian medical personnel requirements. While local commanders determine these requirements, the services may be missing the opportunity to make a strategic determination of how many civilian medical professionals are needed to carry out their expected workloads.