

Strategy Research Project

Army Medical Department Talent Management: Preparing for an Uncertain Future

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Abstract

In January 2013, the Chief of Staff of the Army directed the Army Medical Department (AMEDD) to conduct a study aimed at improving development of its officers for leadership and command positions. The AMEDD determined that many officers inadequately develop as leaders through professional military education, training, and assignment experiences. The purpose of this research paper is to evaluate current AMEDD strategies to develop and employ talent in its active duty officer corps. Additionally, the paper identifies evidence-based courses of action derived from both military and private sector best practices to improve AMEDD's talent management. Developing talent in the AMEDD requires an overhaul of competency identification and building, as well as performance management to meet current and future leader-development demands. The AMEDD must also adapt its practices of employing talent through matching talents to the right jobs, supported by more quantifiable talent management systems. Improving development and employment of talent in the AMEDD fosters an organization ready to meet future readiness demands, decrease costs, and improve beneficiary satisfaction.

Army Medical Department Talent Management: Preparing for an Uncertain Future

In January 2013, the Chief of Staff of the Army directed the Army Medical Department (AMEDD) to conduct a leader study aimed at improving development of its officers for leadership and command positions. The AMEDD determined that many officers inadequately develop as leaders through professional military education, training, and assignment experiences. The study also found an emphasis on the business of the Army's health care system took precedence over a focus on deliberate leader development and proper matching of jobs to skills, knowledge, and attributes. As a result, many senior leaders in the AMEDD are unprepared for strategic level positions and to command military treatment facilities.¹

The purpose of this research paper is to evaluate current AMEDD strategies to develop and employ talent in its active duty officer corps. Additionally, the paper identifies evidence-based courses of action derived from both military and private sector best practices to improve development and employment of talent. Developing talent in the AMEDD requires an overhaul of competency identification and building, as well as performance management to meet current and future leader development demands. The AMEDD must also adapt its practices of employing talent through matching talents to the right jobs, supported by more quantifiable talent management systems. Improving development and employment of talent in the AMEDD fosters an organization ready to meet future readiness demands, decrease costs, and improve beneficiary satisfaction with military health care services, which are major contributors in recruiting and retaining an all-volunteer military force.

When Ashton B. Carter assumed his position as the new Secretary of Defense, he ordered a comprehensive review of the Department of Defense's (DOD) personnel

systems. His focus on creating the “Force of the Future” and designed initiatives to ensure and improve the quality of the talent supporting national security objectives. The result of the review yielded 29 reform proposals. Secretary Carter highlighted these changes in a speech at George Washington University on November 18, 2015.² The “Force of the Future” initiative creates a more agile, innovative, and adaptive force within the human dimension, able to meet the needs of an uncertain world. Secretary Carter states, “Winning the next war is all about talent.”³

Secretary Carter best explains how to tackle the talent management problem in the Army.

The key to doing this successfully is leveraging both tradition and change. While the military cannot and should not replicate all aspects of the private sector, we can and should borrow best practices, technologies, and personnel management techniques in commonsense ways that work for us, so that in future generations, we’ll keep attracting people of the same high caliber we have today--people who will meet the same high standards of performance, leadership, ethics, honor, and trust we hold our force to today.⁴

Maximizing the impact of the human dimension requires the DOD implement a talent management strategy to attract, reward, and retain talent. As part of the total military force, the AMEDD must also reform its talent management strategy. The health care industry is constantly changing and future challenges are unpredictable. The AMEDD owns a large part of the readiness and global health security mission for the nation. The Military Health System (MHS), and its subordinate element, the AMEDD, exists for the sole reason of meeting U.S. strategic national objectives.

The Defense Health Agency manages the Defense Health Program (DHP) and is responsible for over 10 million beneficiaries, 360 medical facilities, and over 380,000 health care personnel. The fiscal year (FY) 2016 projected budget for the DHP is over

\$41 billion, reflecting an increase of over \$23 billion since FY 2000. In FY 2000, the total DOD budget was \$384 billion. In FY 2016, it is projected to be \$548 billion. The budget for the DHP has increased from six percent to ten percent of the total defense budget over the past 15 years.⁵ While the DHP is not a significant percentage of the overall budget, its continued increase threatens funding for other programs as it continues to consume larger portions of defense appropriations each year. Furthermore, there is growing competition for health care personnel in the private sector to meet increasing demands from a larger number of aging Americans. These issues make it imperative the AMEDD continue to develop policies and practices to attain and maintain a competitive edge in attracting quality health care personnel and to sustain its ability to accomplish its mission.

In March 2013, the Army Surgeon General published the AMEDD 2020 Campaign Plan to operationalize the AMEDD strategic vision and lines of effort. One line of effort is transforming the AMEDD into an Operating Company Model (OCM).⁶ OCM supports the AMEDD's goal to create a system for health. The OCM framework integrates and standardizes processes across the enterprise; utilizes performance metrics in decision-making processes; drives accountability, standardization, and quality; and creates a more cost efficient way of providing a consistent patient experience. In its transition to the OCM, the AMEDD needs leaders who understand the complexity of the Army Operating Concept, its operational environment, and health care challenges in the U.S. Leaders must be able to lead when there are competing priorities.⁷ The AMEDD's focus through the OCM reinforces a system of accountability

and allows the enterprise to embrace interdependent, transparent, and collaborative relationships.

The AMEDD consists of 340 Table of Organization and Equipment units of which sixty-six percent are in the Reserve Component as part of the Operating Force. The Generating Force component of the AMEDD consists of 616 medical, dental, and veterinary care facilities. The AMEDD is responsible for the care of over four million beneficiaries, including service members, eligible family members, and eligible military retirees and their family members, accounting for forty-nine percent of all MHS beneficiaries. Its budget is over \$11 billion, accounting for thirty-two percent of the total DHP appropriations.⁸ In total, there are over 73,000 soldiers, civilians, and contractors staffing the AMEDD's units.⁹

The AMEDD consists of six statutory officer corps comprised of 91 unique and highly specialized areas of concentration. The six corps are the Medical Corps (MC), Dental Corps (DC), Medical Service Corps (MS), Army Nurse Corps (AN), Medical Specialist Corps (SP), and Veterinary Corps (VC) and account for twenty-one percent of all active duty Army officers. Furthermore, seventy-nine percent of the areas of concentration require advanced entry grade of first lieutenant or higher and eighty percent require licensure or certification. The MC and DC officers are exempt from some mandates specified by the Defense Officer Personnel Management Act of 1980 (DOPMA). The DOPMA established statutory requirements for officer personnel management, authorizations for field grade officers (major through colonel), promotions, and rules for separations and retirement of officers for all services.¹⁰ Perhaps the most important mandate in DOPMA was the 'up or out' strategy. 'Up or out' requires officers

who fail to be selected for promotion removed from service, limiting the military's ability to retain personnel who perform well in certain types of positions, like health care providers.¹¹ The "up or out" DOPMA mandate threatens the AMEDD's ability to retain highly specialized officers who are not able to progress to senior leadership positions.

Talent Management

In order to understand the importance of talent management, one must examine talent management principles from both the private sector and military perspectives. Private sector businesses and corporations recognize talent management as one of the most important things a company can do to improve its bottom line. "Talent management involves the identification, development, appraisal, deployment, and retention of high-performing and high-potential employees."¹² It calls for elevating an organization's focus on employees and positions that have the greatest impact on the business strategy of the organization. Therefore, focusing on the organization's greatest asset, its people, is the best strategy to improve all aspects of company performance. High-performing and experienced employees are becoming a scarce commodity as the baby boomer generation begins to move on from the work force.¹³ In fact, many companies fear they will be unable to grow their business without attaining the best talent. For example, "Research conducted by the DDI [Development Dimensions International] and the Economist Intelligence Unit (EIU) found that fifty-five percent of executive level respondents said their firms' performance was likely or very likely to suffer in the near future due to insufficient leadership talent."¹⁴

Over the past 15 years, the private sector invested heavily in research to stay ahead of talent scarcity. McKinsey & Company is recognized as the industry leader in talent management research, which spurred an increased interest from academics and

human resource firms. In 2011, Mark Berenson and Matthew Smith of McKinsey & Company conducted an evaluation of U.S. government talent management systems.

They developed a five component model for creating a talent management culture:

1. Attract and retain the right people;
2. Evaluate and recognize performance;
3. Grow and develop leaders;
4. Engage and connect employees to the organization's strategy; and
5. Strengthen human resource capabilities.¹⁵

The DDI expanded Berenson and Smith's research to develop eight key strategies for highly effective talent management processes:

1. Everyone understands current and future organizational strategies;
2. Identify talent gaps and those talents that drive performance;
3. Incorporate talent management into the strategic business plan;
4. Hire and promote the right talent;
5. Connect individual, team goals, and provide quantifiable feedback;
6. Enhance talent in current positions and prepare for future responsibilities;
7. Ensure the talent management strategy is executable and quantifiable;
8. Measure the impact of the program on strategic objectives.¹⁶

As DDI found, better talent results in better company performance. The DDI whitepaper lists several examples of talent management improving performance. Companies possessing excellent talent management programs post higher earnings, better sales, and higher stock market returns than companies that do not excel at talent management. Furthermore, higher turnover in senior executive leadership and

retirements necessitate promoting talent faster than in the past. In fact, more than sixty percent of workers holding top management positions are over the age of 65 and will soon retire, creating a greater shortage of qualified management employees.¹⁷

In response to the talent scarcity in the private sector, the DDI researched and identified nine industry best practices to improve developing and employing internal talent.

1. Align talent management with strategy;
2. Profile the list of ideal leader competencies;
3. Individualize talent management opportunities;
4. Talent management is a team effort;
5. Build the bench;
6. Accurately assess performance and potential;
7. Match talents to jobs;
8. Communicate, align, and accurately measure talents; and
9. Ensure a holistic approach, blending technology and leader involvement.¹⁸

Together, the nine best practices support an organization's ability to establish a comprehensive talent management strategy and provide evidence of improved organizational performance.

As the private sector increased focus on talent management, the military has followed suit over the past decade in exploring better methods for measuring performance. Army professionals often confuse performance with talent. The two are mutually exclusive concepts. For the purpose of this paper, talent is the unique intersection of skills, knowledge, and attributes in every person. It represents more than

just the three military learning domains (institutional, operational, and self-development). Each person's life experiences, personality, background, thoughts, and feelings among myriad other factors, create the individual's talent.¹⁹ The right leadership can identify and utilize unique talents in every employee. Performance is the expression of talents into specific outcomes. Talent is not all-inclusive because an individual can excel in one area and not in another. Identification of these talents, developing them, and employing them in the right places is a critical objective for the AMEDD. This paper does not focus on attracting and retaining talent. Rather it focuses on how to develop and employ the talent it attracts. More specifically it consolidates seven of the nine DDI best practices into a four-pronged talent development and employment framework supported by competency building, performance management, job matching, and talent management systems.

Talent Development

An organization must identify and develop talent in order to employ it. This section explores best practices in competency building and performance management systems in the private sector and the AMEDD. Competency building includes the DDI best practices of aligning talent management with strategy, building a profile of ideal senior leader competencies, and individualizing talent management opportunities in the organization. Performance management systems include the DDI best practices of talent management as a team effort, building the bench, and accurately assessing performance and potential of employees in the organization.²⁰ In this section, the best practices are quantified through literature review, the AMEDD's talent development processes are evaluated, and recommendations for improvements are identified.

Competency Building

DDI identifies three industry best practices for developing competent talent within an organization. First, “Start with the end in mind --talent strategy must be tightly aligned with business strategy.”²¹ Great organizations are adept at aligning their strategic objectives with talent development objectives. In fact, highly successful companies are thirty-four percent more likely to link succession planning and talent development with their strategic business objectives. Given the fluid nature of business, emerging markets, acquisitions, cost containment, branding, and greater pressure to increase profits, companies realize matching talent to their business models is essential for success and must be approached aggressively.²² Therefore, any process of developing talent must align to organizational strategy.

Every strategy must specify the objective ends, as well as the ways and means to accomplish the ends.²³ The Army Surgeon General outlines the AMEDD’s talent strategy in the AMEDD 2020 Campaign Plan.²⁴ Four broad principles define talent management in the AMEDD. First, the AMEDD must attract and assess the right talent potential from the private sector through its sourcing, recruiting, and selection practices. Second, it must retain the right talent through compensation, evaluation, and selection processes. Third, it must develop its talent through training, education, evaluations, and mentoring. Finally, it must employ talent through matching talent with the right jobs.²⁵

Table 1. AMEDD Talent Management Strategy²⁶

<i>Means</i>	<i>Ways</i>	<i>Ends</i>
Recruiting	Attract Talent	Maximize Revenue
Compensation	Select Talent	Improve Customer Satisfaction
Training and Education	Train Talent	Improve Quality of Care
Competency Building	Source Talent	Increase Productivity
Coaching, Teach, Mentoring	Develop Talent	Decrease Costs
Evaluations	Retain Talent	Improve Cycle Time
Assignments	Assign Talent	Increase Market Capitalization
Community Engagement	Promote Talent	Meet Future Needs

An assessment of the AMEDD’s talent management strategy shows it is aligned with the organization’s strategic ends. The AMEDD 2020 Campaign Plan provides a deliberate attempt to specify talent management priorities and aligns them with the resources necessary to accomplish the strategic objectives. However, the campaign objectives appear to be broad and rely on means the AMEDD cannot control. For example, many of the resources are controlled by regulations and doctrine that cannot be easily changed by the AMEDD.

Second, “You must know what you’re looking for--the role of success profiles.”²⁷ Success profiles are a list of professional competencies aligned with what an organization seeks to achieve. Successful companies are twice as likely to have established competency models for every position than companies that do not. In addition, successful companies align competencies with corporate strategies.²⁸ The DDI defines competencies as “a cluster of related behaviors that is associated with success or failure in a job.”²⁹ Identifying and listing the desired competencies in highly successful employees act as a guide to talented individuals in the organization and allow for better

talent development. In the health care industry, the Mayo Clinic ranks as one of the top five health care organizations in the U.S. in every major health category. Mayo attributes a large part of its success to its ability to identify baseline competencies possessed by the best talent. Mayo takes the best talent and further develops that talent in its internal education system which is aligned with their core competencies.³⁰

Dissimilar to other Army specialties, the DOD Appropriations Act of 1992 mandates senior leader competencies in the AMEDD. As a result, the Joint Medical Executive Skills Institute (JMESI) serves as the proponent organization for educating and validating that commanders possess 40 specific executive level competencies.³¹ In 1999, the DOD issued the Department of Defense Instruction 6000.15 that established the policy and responsibilities for managing the Joint Medical Executive Skills Development Program and expanded the mandate to lead agents.³² Legislation passed in 2001, the Floyd D. Spence *National Defense Authorization Act*, Section 760, extended the Joint Medical Executive Skills mandate to those officers serving in deputy commander in addition to commander roles.³³

The JMESI formally analyzed each Professional Military Education (PME) and continuing education course to identify competencies addressed by each. In its analysis, it found that all 40 Joint Medical Executive Skills are trained multiple times throughout an officer's career in institutional training. However, even though the JMESI determined officers receive training in all 40 executive level skills, an Army War College strategy research project in 2013 found many senior officers self-identify as lacking competence in multiple areas, depending on which AMEDD corps to which they belong.³⁴ The glaring deficiency is there is no formal quantitative method that exists to

evaluate senior officers' level of medical executive competency. The current measure of success is that one has completed the various training courses, rather than a quantitative validation of the competencies attained.

Third, "Talent management is not a democracy."³⁵ Talent management cannot be one-size-fits-all and must be tailored to individuals within the organization. High potential employees should get more attention and development opportunities than average employees. Normally, organizations seek a more equitable distribution of opportunities for leader development, which wastes valuable resources necessary for developing the high-performers.³⁶ For example, "Sunoco places special emphasis on mid-level plant managers because these leaders are, for the first time, managing multiple functions."³⁷ A study specific to the health care industry reveals that developing leaders with high potential requires placement into experiential development situations. Experiential development includes special projects, leadership programs, and action learning projects and occurs through operational education and training and greatly impacts hospital performance.³⁸

"Officer talent development continues primarily via additional civil schooling, training with industry, the U.S. Army's Officer Education System, mentorship and peer relationships, and operational assignments."³⁹ Training and education are commonly understood to be interchangeable terms. However, education is closely linked with adaptability and teaching an officer how to think, while training is a competency based activity that teaches officers what to think.⁴⁰ "While education and training provide development in a theoretical construct, experience and tenure provide development through direct application."⁴¹ Direct application of skills, knowledge, and attributes

developed through education, training, and experience produces the desired outcomes of the enterprise.

The Army develops its talent through three domains of education: institutional (schools and courses), operational (duty assignments), and self-development (personal activities) and it publishes guidance in Army Regulation (AR) 350-1 and for the AMEDD in Department of the Army Pamphlet (DA Pam) 600-4.⁴² The three domains complement and build upon each other to create the skills, knowledge, and attributes AMEDD officers need to be successful throughout their careers. All three possess equal and supporting roles in growing leaders and preparing them for the Army's missions. According to the former Chief of Staff of the Army, Retired General Ray Odierno, "leader development strategy must begin by attracting those with leadership potential; by identifying and assessing unique talents, skills, attributes, and behaviors early on; and then by providing a career-long synthesis of training, education, and experience acquired in our institutions and operational units."⁴³

The institutional domain consists of Army schools and agencies that provide both initial entry training and professional military education to service members and civilians. Army Regulation 350-1 states, "Army schools ensure soldiers, leaders, and Army civilians can perform critical tasks to prescribed standards throughout their careers, and support units on a continuous basis."⁴⁴ While the Army invests its resources to the institutional education of its personnel, it is still a small percentage of one's professional career. A typical officer who serves 20 years on active duty serves less than one-fourth of that time in the institutional training domain.

Most AMEDD officer specialties require specialized civilian training or education in their particular field. Doctors must attain accredited undergraduate and medical school degrees to include internships and residencies and pass a board certification examination for their specialty area. Nurses must have accredited baccalaureate degrees in nursing and a nursing license to practice. A variety of other specialties and corps in the AMEDD require similar processes of institutional civilian training and education, validated by certification or licensure. Furthermore, additional advanced civilian education is available to selected officers who desire additional civilian education during their military service. The Department of Health Education and Training, the AMEDD Center and School, and the Army Surgeon General manage Long-Term Health Education and Training (LTHET). In addition to advanced degrees, the AMEDD offers Training with Industry opportunities, Graduate Medical Education, and Short Courses.⁴⁵

The PME for AMEDD officers is similar to that of other Army officers. AMEDD officers attend the AMEDD Basic Officer Leader Course (BOLC), the AMEDD Captains' Career Course (ACCC), and some complete Intermediate Level Education (ILE) and Senior Service College (SSC).⁴⁶ The ILE is not a requirement for AMEDD officers and those who do complete ILE may do so in various forms. The ILE may be completed through distance learning, through the U.S. Army Reserves, or in one of the four or ten-month resident courses if selected. Senior AMEDD officers may be chosen from a Central Selection List (CSL) board to attend SSC. However, fewer than 20 senior AMEDD officers attend a resident SSC each year, despite having a large share of the Army's lieutenant colonels and colonels. In fact, less than four percent of lieutenant

colonels and less than twenty-nine percent of colonels in the AMEDD are either selected, enrolled, or have completed SSC.⁴⁷ Furthermore, most senior AMEDD officers complete SSC through the Distance Education Program rather than through resident education.⁴⁸

Table 2. Senior Officers Selected, Enrolled, or Completed SSC⁴⁹

	<i>Total Inventory</i>	SSC
LTC	2,248	89
COL	1,168	334

Problems exist in the way the AMEDD conducts its institutional training. First, the BOLC and ACCC do not address specific knowledge gaps between the different corps and specialties. Both courses are AMEDD-specific, one-size-fits-all curriculum. All officers in the AMEDD receive the same doctrinal education despite major differences in civilian education between the different specialties and vastly different tactical assignment experiences. On the other hand, the ILE curriculum is completely Army-centric. The AMEDD officers who do complete ILE all receive the same education as other non-AMEDD officers. Major General Wilmoth stated, “We need to restructure ILE so that it improves the education and preparation of our officers based on their unique gaps in experiential learning.”⁵⁰ Like ILE, SSC is also designed to meet Army requirements for developing strategic leader competencies and does not contain enough SSC equivalent corporate fellowships (Veterans’ Health Administration, Centers for Disease Control, National Institutes for Health, et al.) to address knowledge gaps in various AMEDD specialties.

In contrast to the institutional training domain, the operational training domain units have variable training requirements. Operational training is subject to the individual command's priorities.⁵¹ Therefore, each unit's unique mission dictates the type of operational training it conducts. For example, a large military medical center has different training opportunities and requirements than a small military health clinic.⁵² The sheer number of courses available can be overwhelming for officers, and most courses address technical competencies rather than executive leader competencies. Therefore, the glaring gap in operational training is in leader development.

Broadening assignments provide a mechanism for self-development in the Army. General Odierno states, "Leaders, both junior and senior, are encouraged to pursue personal and professional development through interagency assignments, military schooling, civilian credentialing and licensing, and progressive civilian degrees."⁵³ Most AMEDD officers must have civilian credentialing for their specialty area, and many require advanced civilian or military degrees. However, opportunities for development through interagency assignments are lacking. Most assignments for AMEDD officers occur in Generating Force units. The exception to this is with MS officers, who often serve in Operating Force assignments throughout their careers. However, MC, DC, AN, and VC officers rarely have an opportunity to serve in joint or interagency assignments.⁵⁴ The lack of joint and interagency opportunities for AMEDD officers lead to gaps in medical executive competencies for senior leadership and deprives talented officers of opportunities to stretch competencies.

Addressing the AMEDD's shortfalls in competency building may be accomplished by three recommendations. First, tailor institutional training and education to address

specific gaps and shortfalls in senior leader competencies. Previous research identifies that senior officer competencies in their first Level-1 command require further development. The deficits vary by specialty of the senior officer.⁵⁵ Some form of measuring those deficits must occur to inform this tailored approach to institutional training and education. The approach should be similar to putting soldiers into ability groups for physical training. Assess the competency level of each officer at the beginning of the course and place officers into group learning environments based on their individual learning needs or level of competency. Furthermore, the AMEDD must prepare for future requirements by identifying competencies needed 20 to 30 years from now. The AMEDD must have an innovative and agile approach to institutional, operational, and self-development training and education domains.⁵⁶

The AMEDD should first adapt the curricula of its BOLC and ACCC to specifically address individual competency needs for each officer rather than treating them as one-size-fits-all. The AMEDD must also implement an alternate ILE course in collaboration with the Command and General Staff College at Fort Leavenworth that develops necessary competencies of field-grade AMEDD officers. The AMEDD should expand opportunities for its senior field-grade officers to participate in resident SSC programs to bring a wider array of skills and knowledge back to AMEDD senior leadership. Finally, at the conclusion of each course and annually, officers should be required to either take a written or oral examination demonstrating understanding of the core competencies covered in the training and education. Formal evaluations of skills and knowledge better quantifies that officers possess the necessary competencies to progress to assignments of increasing responsibility.

Second, Wardynski, Lyle, and Colarusso from the Office of Economic and Manpower Analysis (OEMA) suggest the Army expand civilian schooling opportunities.⁵⁷ The AMEDD must also expand current opportunities for civilian education to its officers through LTHET. Unfortunately, many officers do not take advantage of LTHET due to the amount of time it removes them from developmental positions. A doctoral degree could take three years, accounting for fifteen percent of an officer's twenty-year career. The AMEDD should communicate to its officers that seeking civilian education is value-added to the enterprise and should ensure that doing so does not hinder promotion potential. This recommendation requires the Army Surgeon General to issue formal policy to Human Resources Command instructing promotion and selection boards to support the importance of civilian education. Additionally, the AMEDD must provide incentives, such as faster promotion, desirable assignments, or key developmental opportunities upon their return from civilian schooling. Civilian schooling exposes AMEDD officers to diverse curricula and points of view from private sector experiences that contrast those of the military institution. As a result, the AMEDD would possess more agile, adaptive, and creative leaders ready to face complex challenges facing military health care.

Third, corresponding with Secretary Carter's Force of the Future concept, the AMEDD should create a robust Corporate Fellows Program. The Corporate Fellows Program allows a large number of AMEDD officers to work with private and public industry outside of the military. The program could provide one-month to a full-year fellowship to select AMEDD officers based on their personal area of interest matched to organizational needs. Expanding civilian sector experience brings best practices into the

military. Currently, Corporate Fellows Programs are for one year, but Secretary Carter plans to expand the program to two years.⁵⁸ Organizations like the Mayo Clinic, Cleveland Clinic, Kaiser Permanente, and Johns Hopkins are industry leaders in health care. One specific example could be with the Mayo Clinic who currently has five schools in their internal education system. Sending senior company grade and junior field grade officers to train with the best and brightest health care professionals in the private sector would bring immeasurable value back to the AMEDD.

Performance Management

The DDI identifies three industry best practices for performance management as part of an organization's talent management program. Shared responsibility between leaders and human resource managers and building the bench, are interrelated and may be combined into one best practice. First, "Talent management professionals need to move from a seat at the table to setting the table . . . The talent pipeline is only as strong as its weakest link."⁵⁹ In other words, talent management is a team effort focused on succession planning. In fact, Jack Welch, the former Chief Executive Officer of General Electric reports that senior executives should spend at least fifty percent of their time on talent management.⁶⁰ It takes a balanced and collaborative approach to improve talent management in any organization. McKinsey & Company's research in 2011 found the best talent management processes were a product of a shared understanding between human resources and organizational leadership, both working toward meeting operational needs related to the organization's core operations.⁶¹ In the health care sector, hospitals whose leadership prioritized a collaborative approach to talent management had an overall hospital effectiveness score of seven percent higher than those who did not. Hospital effectiveness was defined as patient satisfaction, employee

satisfaction, patient family satisfaction, quality management practices, and clinical care of patients.⁶²

Performance management in the AMEDD centers around leader collaboration and succession planning throughout the team and relates directly to the self-development learning domain.⁶³ Self-development is a shared responsibility between the individual and organizational leaders addressed through personal coaching, mentoring, and teaching. Ideally, both human resource personnel and leaders collaborate with individual officers to establish self-development goals and identify the methods to meet those goals.⁶⁴ “Self development focuses on maximizing strengths, overcoming weaknesses, and achieving individual development goals.”⁶⁵ In the AMEDD, self-development is widely ignored by policy and formal doctrine. The DA PAM 600-4 mentions self-development for each of the AMEDD specialties and ranks but does not outline formal requirements for officers in the self-development domain. While official doctrine does address the need for shared responsibility in mentoring, coaching, and teaching within the AMEDD, official processes to ensure this happens are less than satisfactory. Officers must be proactive in seeking out mentors and opportunities to share in the professional development realm. Leaders should be assessed on their willingness and success in implementing mentoring programs in their organizations.

Second, DDI identifies another best practice in the realm of performance management. “Potential, performance, and readiness are not the same thing.” In other words, nothing can replace accurate and timely assessment of performance and potential, as well as the readiness for talented personnel to be promoted within an organization. A good example of this concept is in athletics. Every year there are

thousands of well performing high school athletes who move to the collegiate level and fail to reproduce the same level of performance. Furthermore, there is greater transparency in performance metrics within sports. Anyone at any time can navigate to internet sports sites and see quantitative data on the talents of athletes, even in specific situations. This does not exist in the Army or AMEDD. Instead, the Army utilizes past performance assessed in a subjective manner to determine future success. However, success at one level is no guarantee of success at the next highest level.⁶⁶

Multi-Dimensional Assessment Feedback (MSAF) is a large part of the supporting line of effort for performance management.⁶⁷ The AMEDD incorporated the MSAF at all levels to seek honest feedback from subordinates, peers, and superiors. Retired General Odierno states, “The willingness to seek honest and candid feedback facilitates leadership growth, and it is the responsibility of every leader, soldier, and civilian to provide candid feedback to those seeking it.”⁶⁸ Currently, all officers up to colonel, non-commissioned officers, and DA civilians must complete an MSAF once every three years.⁶⁹ In addition, the Army recently implemented the Commander 360 assessment, which requires all commanders to conduct an annual 360-degree assessment in their units (for lieutenant colonel level commanders). The Commander 360 assessment differs from the MSAF in that the commander’s senior officer chooses the personnel who provide feedback. According to a Rand Corporation study, since the MSAF’s implementation, two-thirds of soldiers surveyed found it to be useful in providing insight into one’s leadership abilities.⁷⁰ The biggest challenge identified in MSAF use is the difficulty in getting people to respond to the surveys. Also, the individual leader self-selects the people they want to send the survey to; therefore, they

may not get the most accurate feedback when they query people they know will assess their abilities in a positive manner.⁷¹

Performance evaluations are another tool utilized in development of talent and performance management. Immediate supervisors evaluate officers' performance while senior raters evaluate potential.⁷² Talent management literature identifies regular performance counseling and appraisals as one of the most important principles of developing talent within an organization.⁷³ Army officers are required to receive quarterly counseling from their raters and, at least, semi-annual counseling from their senior rater. Officers receive a written evaluation at least annually, or upon rater changes. Furthermore, raters and senior raters have caps on high performance ratings.⁷⁴ Successful senior leaders understand the importance of coaching, teaching, and mentoring as part of their efforts to develop talent. In theory, the performance evaluation system is an optimal way to evaluate officers' performance and potential; however, in practice, it lacks in three areas.

First, counseling is rarely conducted to doctrinal standards each quarter.⁷⁵ The deficiency is often a result of overburdened raters who either have little time or too many officers to counsel effectively. The second problem is most senior raters rate officers from a multitude of specialties.⁷⁶ For example, a senior rater in the AMEDD often rates doctors, nurses, and administrators all in the same rating pool. The senior rater must be adept at understanding the unique roles of each specialty, the officers' potential in their specialty area, and rank order officers according to their potential for future assignments of increasing responsibility. Successful ratings of diverse officer

specialties requires a product in the interim that defines specifically what performance standards officers are rated against.

Finally, raters and senior raters are limited in their ability to give their highest ratings to no more than forty-nine percent at any time in their rating history.⁷⁷ The rating limitations hinder a senior rater's ability to accurately rate officers' potential if that senior rater has a higher ratio of highly talented officers. For example, one senior rater's pool of officers is ninety percent high potential and another senior rater's has only ten percent high potential officers, due to meeting the same high performance rated against pre-established performance. The senior rater with ninety percent high potential must make a tough decision to inaccurately rate fifty percent of the rating pool as average while the other senior rater may rate thirty percent of the average officers as high potential. The scenario does not support successful talent and performance management strategy if the organization intends to identify its best and brightest officers through quantifiable evaluation methods. Exacerbating the problem is there are no quantifiable performance and potential metrics to identify the most talented officers and then leverage the potential for future assignments.

The AMEDD must adapt its performance evaluation system to support more effective performance counseling and identification of high potential. While the MSAF 360-degree assessment and annual performance and potential appraisals are useful tools for developing talent, the current system does not support their practical use. The AMEDD should identify specific standards of performance and potential, identifying meets and exceeds standards, and rate officers accordingly. Clearly identified standards remove much of the subjectivity in the rating dynamic. Rating pools should be

smaller to facilitate the rater's ability to spend more time coaching and mentoring rated officers. Additionally, high potential rating caps should be rescinded in order to ensure all ratings accurately reflect the potential of officers. Potential for abuse of high ratings is noted. However, the benefits far outweigh the risks to improve the accuracy of performance and potential appraisals. A potential preventive tool for over-inflation is a review panel of human resource managers and more senior leaders in the organization to validate rating reliability within the organization. The collateral effect is that officers in large and diverse rating pools would not feel pressured to compete with officers who are in contrasting specialty areas and would promote better collaboration on the team.

Talent Employment

Once an organization has identified and developed its talent, it needs to employ the talent properly. This section explores best practices in job matching and talent management systems in the private sector and the AMEDD. Job matching includes the DDI best practices of matching talent to jobs. Talent management systems include best practices of communicating, aligning, and accurately measuring talents, and ensuring a holistic approach that incorporates technology and leader involvement.⁷⁸ In this section, the best practices are quantified through literature review, the AMEDD's talent development processes are evaluated, and recommendations for improvements are identified.

Job Matching

The DDI identifies two important best practices relating to the employment of talent in the private sector. This paper addresses one of the two. Talent must be matched to the jobs they are performing now and in the future. "Talent management is all about putting the right people in the right jobs."⁷⁹ An organization that wants to match

talents to the right jobs must first have a process to identify the talents their employees possess. The repercussions of talent mismatches could be catastrophic in an organization. Imagine a highly competent surgeon, who excels at performing surgical procedures, is thrust into a leadership position for which he lacks the desired and necessary competencies for success. The surgeon fails to adequately manage resources of his section and as a result, patients fail to receive proper care. Perhaps the surgeon was assigned in the leadership role over someone who had superior management talents, but was not as good in the technical area. The DDI argues that organizations too often overestimate their ability to develop talent in employees who do not already possess those talents. "Training people to improve their judgment, learning agility and adaptability--all core requirements for most of the talent hired today--is difficult, if not impossible."⁸⁰

Assignment opportunities for AMEDD officers are diverse, especially for officers from clinical specialties (AN, DC, MC, SP, and VC). Officers of clinical specialties typically work in a clinical setting for their first assignment following completion of the BOLC. Upon completion of ACCC, many of these clinical specialty officers begin assignments in areas outside of their clinical specialty, known as broadening opportunities. For example, a nurse may become a company commander, an officer-in-charge (OIC) of a medical recruiting center, a Reserve Officer Training Corps nurse counselor, or could serve as a nurse with a combat brigade. A doctor may be a battalion surgeon, company commander, clinic OIC, or a research assistant.⁸¹

Further research by OEMA identified additional problems with the current personnel management system, specifically relating to promotions and command

selection. In the most desirable private sector jobs, like Google, Apple, and Microsoft, among others, individuals are often promoted based on abilities and merit rather than seniorities.⁸² Unfortunately, DOPMA's "immutable statutory rules prohibit 35-year-old generals or admirals."⁸³ "There are no military options to mirror Silicon Valley's penchant for bright young CEOs."⁸⁴ Furthermore, the overwhelming majority of general officers are promoted from a command track, which minimizes the importance of competence in a particular technical field. The AMEDD has a similar problem. Officers who are very competent in clinical roles are often either promoted out of those roles or they are forced to retire or separate from the military. Promotions are more about navigating through gates needed to command units, rather than based on individual competencies. Due to gate navigation, assignment officers are reluctant to accept even minor deviations from the approved career pathways.⁸⁵

Command of units is considered the pinnacle of Army and AMEDD leadership. The CSL process at the DA Secretariat, Human Resource Command (HRC) is responsible for selecting officers for commands above the company level.⁸⁶ "Criteria for selection includes . . . previous experience as an AMEDD commander, executive officer, other key leadership positions, maturity, and demonstrated performance are also critical factors in the selection process, as well as Joint Services Medical Executive Skills competencies."⁸⁷ According to Hudson, out of 31 Level-1 commanders polled, only seven had commanded units above the company level before assuming command as a colonel.⁸⁸ All but seven had prior deputy commander experience, but stated the experience was not helpful in preparation for command. Furthermore, despite official doctrine requiring completion of SSC before assuming colonel command, 20 percent

indicated they had not yet completed SSC through either distance learning or resident education.⁸⁹

Table 3. AMEDD Senior Command Structure⁹⁰

	<i>Total</i>	<i>AN</i>	<i>DC</i>	<i>MC</i>	<i>MS</i>	<i>SP</i>	<i>VC</i>
LTC*	79	7	11	4	36	6	15
COL Level-1*	66	7	22	14	22	0	1
COL Level-2*	22	1	4	10	7	0	0

*49/79 LTC commands are branch immaterial, 38/66 COL Level-1 commands are branch immaterial, and 15/22 COL Level-2 commands are branch immaterial

According to HRC’s AMEDD Command Management Division, there have been four CSL colonel commanders officially relieved in the past three years.⁹¹ While this paper does not specifically address the reasons for the command reliefs, it is clear that there continue to be issues with providing the proper development and talent matching to future commanders or proper vetting of future commanders before selection. To address competency shortfalls, the AMEDD implemented various pre-command courses. However, these courses are too short and too late to address the shortfalls in medical executive competencies. Furthermore, only commanders and incoming commanders attend these courses. Deputy commanders have only one opportunity for addressing gaps in their competency, which is the AMEDD Executive Skills Course.⁹² The AMEDD Executive Skills Course prepares senior officers to be executives in the AMEDD, specifically addressing many of the core executive competencies that a deputy commander needs to perform his or her job. Each year there is one one-week course for 50 total students. However, it does not validate competency upon completion.⁹³

In response to job matching deficiencies, the AMEDD should offer two career tracks for the AMEDD corps and remove DOPMA’s “up or out” mandate. There should be a Technical or Enterprise Track and an AMEDD Multi-Functional Track. The

Technical or Enterprise Track allows officers to remain in their specialty area (depth); working only in positions coded for their specialty, and is completely based on requirements.⁹⁴ For example, a doctor who is excellent managing the care of patients in a primary care setting could remain in that setting for his or her entire career while continuing to progress through promotion gates, but would not become a hospital commander. A Technical or Enterprise track creates more incentive for gaining depth in highly technical areas that are critical to the AMEDD.

The second track is a Multi-Functional Track, where those officers serve in a variety of developmental positions, building a portfolio (breadth) of expertise in the 40 medical executive skills, to include a corporate fellowship opportunity in the private sector or with a joint interagency organization.⁹⁵ The Multi-Functional Track possesses the future Level-1, Level-2 commanders, and general officers. According to a Harvard Business Review study, “we need to pay attention to how we choose leaders, always select for competence evaluated by objective measures of performance in hiring and promotion.”⁹⁶ Competent leaders motivate subordinates and open opportunities for innovative and creative thinking in both career tracks. Currently, the Army Logistics Branch uses a similar methodology in managing their talent from the Ordnance, Quartermaster, and Transportation Corps.⁹⁷ A similar process prepares the AMEDD for meeting mission requirements for both breadth and depth in its officer force.

A final recommendation is that only MS officers become commanders in the AMEDD. The MS officers’ career paths closely match those of the Army Operating Force. The MS officers often serve in a variety of progressing military leadership roles, beginning with platoon leader, executive officer, company commander, battalion staff,

battalion command, and brigade staff.⁹⁸ In several conversations with Army War College students, the question was asked, “Why should doctors, nurses, dentists, veterinarians, and other clinicians command units?”⁹⁹ The central idea is that MS officers exist in the AMEDD to provide the administrative arm of military health care. Therefore, since MS officers already serve to function as administrators in some fashion or another, they should be the only officers eligible to command units.¹⁰⁰ This recommendation does fail to recognize that MS officers lack the clinical expertise that is critical to leading a health care system, however, with the right governance structure to support the commander, this recommendation could be successful. Implementing this policy requires existing force structures to be altered so that there would be an adequate number of senior MS officers to fill the command roles. It would require a long-term approach and a delicate touch in policy implementation and cultural shift to repeal the branch immaterial designation for AMEDD commands.

Talent Management Systems

The last area evaluated in this research paper is the use of talent management systems to communicate, manage, and measure talent in an organization. The DDI identifies the best practice of using a holistic approach to matching talents to jobs in an organization. “Software does not equal talent management.”¹⁰¹ Technology can enhance job matching, but is not a replacement for leader involvement, transparency, and shared responsibilities for assigning personnel to the right jobs. Employing talent in the right place can be a daunting task in organizations that do not have robust and collaborative systems utilizing technology, feedback, and human interaction. Job matching in the private sector relies heavily on interactive systems such as LinkedIn®, which allows users to specify unique skills, knowledge, and attributes. LinkedIn® is frequently mined

for data by organizations looking for specific talents to fill positions. It does not remove the human element, but incorporates it into a more transparent and actionable resource for organizations to find the right talent and match to the right jobs.¹⁰²

The official doctrine governing AMEDD employment of talent is DA PAM 600-4. The DA PAM 600-4 states talent is employed through career management.¹⁰³ Finding a balance between operational requirements, authorizations, an officer's career progression, and personal preferences are the goals of talent employment.¹⁰⁴ Wardynski, Lyle, and Colarusso state, "Employment of officer talent against competency requirements must be the objective of an integrated Officer Corps Strategy."¹⁰⁵ For the AMEDD, the ultimate goal of the assignment process is to match the appropriate skills, knowledge, and attributes of an individual to the right position at the right time. Each corps' branch chief at Health Services Directorate (HSD) works with corps chiefs, staff, and specialty consultants to find suitable assignments for officers. Career management defines the AMEDD's attempt at job matching. Unfortunately, despite the amazingly talented individuals working in HSD, the AMEDD does not formally train its assignment officers in managing talent.¹⁰⁶

Under the DOPMA model, career management focuses less on matching jobs to individual skills, knowledge, and attributes and more on filling vacancies with people.¹⁰⁷ The Army Surgeon General guides the HSD at HRC on strength requirements for each type of unit (Generating and Operating Force). For example, a Combat Support Hospital that is preparing for deployment might be required to be filled at one hundred percent of its authorizations, while a Table of Distribution and Allowances unit, like a non-tactical fixed hospital facility might be required to be filled at eighty percent of its authorizations.

At the Human Capital Distribution Planning conference, there are discussions about key operational and strategic level positions within the enterprise, but they mostly focus on distributing personnel to requirements.¹⁰⁸

According to DA PAM 600-4, personnel management consists of four objectives for officer and career development. First, it must meet manpower requirements by providing quality officers in the right numbers with the right education, abilities, and interests.¹⁰⁹ However, there is no formal mechanism for HSD assignment officers to identify the quality of officers. The second objective is to provide education and training opportunities to officers, which assists in their growth as an officer and health professional.¹¹⁰ To take advantage of these opportunities, AMEDD officers must self-select participation in additional training and education without proactive involvement by assignment officers. The third objective for HSD assignment officers is to employ individuals based on their talents and experience while also meeting their personal preferences.¹¹¹ Employing officers based on talent is challenging in a system that focuses on balancing personnel assets against requirements with little knowledge about the officer. "Talent is neither well-documented in personnel databases nor organized within any sort of talent management system."¹¹² The fourth role of HSD assignment officers is to "facilitate a high degree of motivation, professional opportunity, and career satisfaction among the six AMEDD corps."¹¹³ It is unclear how HSD can quantify this role without having some evaluation mechanism that does not exist. In reality, there is only anecdotal evidence that HSD assignment officers accomplish the fourth objective.

Highly talented HSD assignment officers from each corps have a daunting task in managing such a complex process. The assignment officers rely on several resources

to identify where each individual officer is to be assigned. Resources include personal knowledge, the Army Military Human Resources Record System, Total Officer Personnel Management Information System II, and feedback from others who have worked with officers. Two deficiencies exist in this process. First, the records do not provide enough information about the officer. Second, the officer is not part of the process.¹¹⁴

Wardynski, Lyle, and Colarusso's research at the OEMA provides valuable insights into the problems with employment of talent within the Army. Most of their research applies to the AMEDD as well. In a 2010 survey of Army officers, only six percent believe the personnel management systems were effective at retaining the best leaders. Officers also believe that the hierarchical rank structure of the military based on seniority is too restrictive to retain talented officers. Furthermore, they identified that the millennial generation possesses values and goals that are antithetical to the current personnel management system based on bureaucracy, hierarchy, and inflexibility. The millennial generation is far more interested in public service than prior generations, desires the ability to change jobs often, and prefers meritocratic organizations.¹¹⁵ In this research, it is evident that while there are some major mismatches in our current system of personnel management, a large number of the millennial generation are inclined to serve in the military.

In support of Secretary Carter's recommendation, the AMEDD should develop a new Talent Management Information System similar to LinkedIn® in the private sector or the Army Engineer Corps' Green Pages. A new Talent Management System incorporates the personal profiles and experience, and matches them with the right jobs

in the right units. Also, there would need to be more transparency in the assignment process between the individual and the commanders. Advertise all job openings and the specific competencies required for the job. Individual officers and unit commanders can “shop around and discover mutual matches that better satisfy all parties involved.”¹¹⁶ As a result, the process shares responsibility for the success or failure of an officer among all the stakeholders. Additionally, the AMEDD should implement a process to evaluate the performance of assignment officers from the perspective of their customers. Everyone must have “skin in the game” in order to improve the effectiveness of HRC’s talent management systems.

Currently, the Army Engineer Corps participates in a pilot project using “Green Pages” which is similar to a LinkedIn© website. The Green Pages reveal and align engineer officer talents against unit demands, but also capture accurate, granular information on every officer and every duty position, facilitating the future assignment of each.¹¹⁷ The pilot program from August 2010 to August 2012, is now a fully functional program for the Engineer Corps. Evaluation of the Green Pages pilot revealed engineer certifications valued at over \$28 million had previously been undocumented in existing systems. Lack of information about their officers’ certifications reduced the branch’s ability to align special skills to assignments. Furthermore, the Green Pages pilot expanded the information database on countries its officers had visited from twenty-eight to seventy-two percent of the world. Finally, once officers had explored the available jobs, their initial assignment preferences changed half of the time.¹¹⁸ The Green Pages concept provides the necessary talent management information that

assists AMEDD officers, assignment officers, and unit commanders in making informed decisions regarding the assignments of officers.

Conclusion

The AMEDD must transition away from traditional personnel systems that fill vacancies to one that revolves around meeting the strategic needs of the entire organization. The emphasis on developing individual capacity and potential provides the enterprise a shift from traditional training and personnel development, and replaces most organizations' conventional strategies to include the AMEDD. When applied to the AMEDD, this transition has the potential to change its culture to view officers as value added through their capacity and ability.¹¹⁹ The process of senior leader development and proper employment of talent must occur early, shortly after the attainment process and continue throughout the officer's career.

The development of future senior leaders and the employment to support that development is a complex issue for the AMEDD, as well as the Army. What is clear is that current practices do not adequately support building a sufficient or qualified bench of senior leaders ready to serve in a volatile, uncertain, complex, and agile operational environment or we simply get them by luck. The health care industry is a constantly changing environment. Clear and concise enterprise policy must accompany any significant changes. The policy should address current gaps in education and training, as well as personnel management systems used to employ talent in the AMEDD.

Specific recommendations for AMEDD policy changes focus on development and employment of talent. First, the AMEDD must tailor institutional training and education to address specific gaps and shortfalls in senior leader competencies. Second, the AMEDD should expand opportunities for advanced civilian schooling to build more

breadth and depth in skills, knowledge, and attributes in its officer force. Third, the AMEDD should adopt and expand the Corporate Fellows Program to prepare officers identified as future commanders and general officers for future joint, interagency environments. Fourth, the AMEDD must adapt its performance evaluation system to support more effective performance counseling and identification of high potential officers. Fifth, the AMEDD should offer two divergent career paths for its officers--a Technical/Enterprise Track and Multi-Functional Leadership Track in order to ensure that the AMEDD has a balance in breadth and depth within its officer corps. Sixth, the AMEDD could repeal the designation of branch immaterial commands and utilize MS officers, who are formally groomed to be commanders, rather than a vast array of clinicians who may not have the proper command development. Finally, the AMEDD should develop a Talent Management Information System that supports an expansion of knowledge between officers, unit commanders, and HSD assignment officers, which enhances the ability to match officers to the right jobs. If the AMEDD appropriately selects and issues policy changes to prepare for the next 20 to 30 years, it has an opportunity remain a relevant organization in the U.S. military, but can also lead all health care industries as a model for talent management and patient outcomes.

Endnotes

¹ Patricia D. Horoho, "AMEDD Officer Leader Development Study," briefing slides to Army Chief of Staff, Washington, DC, April 9, 2013.

² Ashton B. Carter, "Building the First Link to the Force of the Future," public speech, George Washington University Elliott School of International Affairs, Washington, DC, November 18, 2015, <http://www.defense.gov/News/Speeches/Speech-View/Article/630415/remarks-on-building-the-first-link-to-the-force-of-the-future-george-washington> (accessed January 6, 2016).

³ David Barno and Nora Bensahel, “Can the U.S. Military Halt Its Brain Drain?” *The Atlantic Online*, November 5, 2015, <http://www.theatlantic.com/politics/archive/2015/11/us-military-tries-halt-brain-drain/413965/> (accessed November 13, 2015).

⁴ Carter, “Building the First Link to the Force of the Future.”

⁵ Military Health System Communications Office, “Military Health System Looks to be Ready for Challenges of Changing World,” December 23, 2014, <http://health.mil/News/Articles/2014/12/23/Military-Health-System-Looks-to-be-Ready-for-Challenges-of-Changing-World> (accessed November 13, 2015).

⁶ The AMEDD’s mission is “to provide responsive and reliable health services and influence health to improve readiness, save lives, and advance wellness in support of the force, military families, and those entrusted to its care.” Additionally, the AMEDD will “enhance diplomacy by building partnerships and strengthen old ones; promote unity of effort at all levels; and improve individual and organizational stamina to enable unity effectiveness – a must for readiness and integral in successfully achieving the Army’s role to Prevent, Shape, and Win the Nation’s wars.” The AMEDD 2020 Campaign Plan is intended to operationalize the AMEDD’s vision and strategic imperatives. The campaign plan aligns with the Army’s Ready and Resilient Campaign plan focusing on health outcomes in order to improve readiness and the health of the Total Force. Supporting the campaign plan’s end states are three lines of effort: increase capacity, enhance diplomacy, and improve stamina.

The AMEDD identifies eleven key tasks in order to accomplish its campaign plan. The key tasks are: “create a system for health; influence the life space; promote healthy lifestyles and behaviors; provide a consistent patient experience; strengthen partnerships and relationships; establish operating company methodology; establish metrics for health; model healthy lifestyles; transform reimbursement systems; change the conversation from health care to health; and enable active communities.” The goal of the key tasks are to create a system for health, which enables a ready and resilient force prepared to win the nations wars. The key task guiding this research is transforming governance into an Operating Company Model (OCM). Patricia D. Horoho, *Army Medicine 2020 Campaign Plan* (Washington, DC: U.S. Army Medical Command, March 4, 2013), Annex B-2, http://armymedicine.mil/Documents/AMEDD_2020_Campaign_Plan_20130325.pdf (accessed January 9, 2016).

⁷ Ibid.

⁸ U.S. Army Medical Department, “Introduction to the U.S. Army Medical Department,” <http://armymedicine.mil/Pages/Introduction-to-the-US-Army-Medical-Department.aspx> (accessed January 9, 2016).

⁹ Robert S. Rush, *Annotated Timeline for the Period of Lieutenant General Patricia D. Horoho’s Tenure as the 43rd Surgeon General of the Army: The View from the Top, 5 December 2011 to 4 December 2015* (Fort Sam Houston, TX: AMEDD Center of History and Heritage 2016), 1.

¹⁰ Peter Schirmer et al., “Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management,” (Santa Monica, CA: RAND Corporation, 2006), 9-10.

¹¹ Ibid., 52.

¹² David G. Collings and Hugh Scullion, "Resourcing International Assignees," in *International Human Resource Management: Contemporary Issues in Europe*, ed. Chris Brewster, Paul Sparrow, and Michael Dickmann (Basingstoke, UK: Palgrave MacMillan, May 2008), 87-106.

¹³ Elizabeth Chambers et al., "Win the War for Top Talent," *Workforce Online* 77, no. 12 (December 1998): 50, <http://www.workforce.com/articles/win-the-war-for-top-talent> (accessed February 10, 2016).

¹⁴ Richard S. Wellins, Audrey B. Smith, and Scott Erker, "Nine Best Practices for Effective Talent Management," 2009, http://www.ddiworld.com/DDI/media/white-papers/ninebestpracticetalentmanagement_wp_ddi.pdf?ext=.pdf (accessed February 10, 2016), 1.

¹⁵ Mark Berenson and Matthew Smith, *Beyond Hiring: An Integrated Approach to Talent Management* (Washington, DC: McKinsey & Company, 2011), 42, https://www.mckinsey.com/~media/mckinsey/dotcom/client_service/Public%20Sector/PDFS/McK%20on%20Govt/Change%20under%20pressure/TG_MoG_6_Beyond_hiring.ashx (accessed March 12, 2016).

¹⁶ Wellins, Smith, and Erker, "Nine Best Practices," 2.

¹⁷ *Ibid.*, 2-4.

¹⁸ *Ibid.*, 2-9.

¹⁹ Talent management is the systematic planning for the right number and type of people to meet the Army's needs at all levels and at all times so that the majority of them are employed optimally. It integrates retention, development, and employment strategies and begins with entry-level employees, aligning their talents with the demand for them during their entire careers, to include the most senior levels in the Army. *The United States Army Talent Management Home Page*, <http://talent.army.mil/> (accessed February 10, 2016).

²⁰ Wellins, Smith, and Erker, "Nine Best Practices," 4-8.

²¹ *Ibid.*, 4.

²² *Ibid.*

²³ U.S. Army War College, Department of National Security and Strategy, *Theory of War and Strategy Directive* (Carlisle Barracks, PA: U.S. Army War College, 2014), 3.

²⁴ In June 2015, TSG, Lieutenant General Patricia Horoho tabbed Major General Margaret Wilmoth, former Robert Wood Johnson Foundation Health Policy Fellow working in the Office of the Speaker of the House of Representatives, to head Army Medicine talent management strategy evaluation and redesign. In an interview, Major General Wilmoth framed the problem of developing future leaders in the AMEDD. She stated, "We have no career path to grow quality and safety leaders in the military or civilian sector and do not have a clear idea on how to develop them."²⁴ She further explained that the Army and AMEDD have for many years utilized an industrial-age personnel management system that no longer suits the current and future generation of health care leaders. "We must ensure we are looking forward into the future health

care environment and the personnel required to navigate that environment.” MG Margaret Wilmoth, U.S. Army Reserves Deputy Surgeon General, Army Medical Department, telephone interview by author, October 19, 2015.

²⁵ Horoho, *AMEDD 2020 Campaign Plan*, Annex B-2

²⁶ Ibid.

²⁷ Wellins, Smith, and Erker, “Nine Best Practices,” 6.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Max Nisen, “Mayo Clinic CEO: Here’s Why We’ve Been the Leading Brand in Medicine for 100 Years,” *Business Insider Online*, February 23, 2013, <http://www.businessinsider.com/how-mayo-clinic-became-the-best-brand-in-medicine-2013-2> (accessed January 6, 2016).

³¹ Seven competency categories comprise the 40 Joint Medical Executive Skills:

- Military Medical Readiness
- General Management
- Health Law and Policy
- Health Resources Allocation and Management
- Ethics
- Individual and Organizational Behavior
- Clinical Understanding
- Performance Measurement

Joint Medical Executive Skills Institute, *Joint Course Competency List* (Fort Sam Houston, TX: Army Medical Department Center and School, April 12, 2000), <https://jmesi.army.mil/documents.asp> (accessed January 6, 2016).

³² U.S. Department of Defense, *Joint Medical Executive Skills Development Program*, Department of Defense Instruction 6000.15 (Washington, DC: U.S. Department of Defense, April 19, 1999), <http://www.dtic.mil/whs/directives/corres/pdf/600015p.pdf> (accessed January 6, 2016), 1-3.

³³ *National Defense Authorization Act, Fiscal Year 2001*, Public Law 106-398, 106th Cong., 2nd sess., October 30, 2000, Section 760.

³⁴ Hudson, *Comprehensive Talent Management*, 32-33.

³⁵ Wellins, Smith, and Erker, “Nine Best Practices,” 7.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Kevin S. Groves, *Impact of Talent Management Practices on Hospital Clinical, Financial, & Workforce Metrics: Healthcare Talent Management Survey 2012* (Oak Brook, IL: Witt/Kieffer, October 2012), 36, <http://www.wittkieffer.com/file/thought->

[leadership/practice/TalentMgmt%20Report%20October%202012.pdf](#) (accessed January 6, 2016).

³⁹ Casey Wardynski, David S. Lyle, and Michael J. Colarusso, *Towards a U.S. Army Officer Corps Strategy for Success: A Proposed Human Capital Model Focused Upon Talent* (Carlisle Barracks, PA: U.S. Army War College, April 2009), 26, <http://www.strategicstudiesinstitute.army.mil/pdf/files/PUB912.pdf> (accessed October 28, 2015).

⁴⁰ *Ibid.*, 27.

⁴¹ *Ibid.*

⁴² U.S. Department of the Army, *Army Training and Leader Development*, Army Regulation 350-1 (Washington, DC: U.S. Department of the Army, August 19, 2014), 2-4.

⁴³ Raymond T. Odierno, "Leader Development and Talent Management: The Army Competitive Advantage," *Military Review Online* 95, no. 4 (July-August 2015): 10-13, http://usacac.army.mil/sites/default/files/publications/MilitaryReview_20150831_art001.pdf (accessed October 26, 2015).

⁴⁴ U.S. Department of the Army, *Army Training and Leader Development*, 3.

⁴⁵ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, Department of the Army Pamphlet 600-4 (Washington, DC: U.S. Army Department of the Army, June 27, 2007), 14.

⁴⁶ BOLC and ACCC are tailored specifically to AMEDD officers and are designed to improve officers' understanding of the AMEDD mission, enhance discipline, teamwork, basic soldier skills, knowledge of tactical doctrine, and basic leadership principles. Attendees' rank vary depending on their specialty. Some AMEDD specialties attend BOLC as captains or majors, and may attend ACCC as major or lieutenant colonels. *Ibid.*, 12-13.

⁴⁷ "Army Medical Department Human Resources Medical Operational Data System," linked from the *AMEDD Human Resources Web Page*, <https://hr.mods.army.mil/Personnel/Secured/password.asp> (accessed February 15, 2016).

⁴⁸ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 13.

⁴⁹ "Army Medical Department Human Resources Medical Operational Data System."

⁵⁰ Wilmoth, telephone interview by author, October 19, 2015.

⁵¹ U.S. Department of the Army, *Army Training and Leader Development*, 3.

⁵² Types of operational training include among others a plethora of AMEDD and Army short courses such as the Combat Casualty Management Course, Chemical Biological Radiological Nuclear Explosives Course, specialty courses, and certification courses. U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 45.

⁵³ Odierno, "Leader Development and Talent Management," 13.

⁵⁴ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 59-71.

⁵⁵ Hudson, *Comprehensive Talent Management*, 37-38.

⁵⁶ Odierno, "Leader Development and Talent Management," 10-11.

⁵⁷ Wardynski, Lyle, and Colarusso, *Employing Talent*, 26-28.

⁵⁸ Carter, "Building the First Link to the Force of the Future."

⁵⁹ Wellins, Smith, and Erker, "Nine Best Practices," 5.

⁶⁰ Ibid.

⁶¹ Berenson and Smith, "Beyond Hiring," 46.

⁶² Groves, *Impact of Talent Management*, 26.

⁶³ "The Army defines self-development as planned, goal-oriented learning that reinforces and expands the depth and breadth of an individual's knowledge base, self-awareness, and situational awareness." AR 350-1 further describes the self-development training domain as continuous, life-long learning and recognizes that institutional and operational training provided by the Army will not meet every individual's educational needs. U.S. Department of the Army, *Army Training and Leader Development*, 4.

⁶⁴ Ibid..

⁶⁵ Ibid.

⁶⁶ Wellins, Smith, and Erker, "Nine Best Practices," 8.

⁶⁷ The Army MSAF is a 360-degree assessment designed to help soldiers identify their own strengths and weaknesses, enhance self-awareness and adaptability, and to prepare the soldier for future leadership positions. Chaitra M. Hardison et al., *360-Degree Assessments: Are They the Right Tool for the U.S. Military?* (Santa Monica, CA: RAND Corporation, 2015), 1.

⁶⁸ Odierno, "Leader Development and Talent Management," 13.

⁶⁹ Hardison et al., *360-Degree Assessments*, 26.

⁷⁰ Ibid., 27.

⁷¹ Ibid., 34.

⁷² U.S. Department of the Army, *Evaluation Reporting System*, Army Regulation 623-3 (Washington, DC: U.S. Department of the Army, November 4, 2015), 17-20.

⁷³ Marcus Buckingham and Ashley Goodall, "Reinventing Performance Management," *Harvard Business Review Online*, April 2015, <https://hbr.org/2015/04/reinventing-performance-management> (accessed January 6, 2016).

⁷⁴ U.S. Department of the Army, *Evaluation Reporting System*, 125.

⁷⁵ David Tier, "Loss of Confidence: The Failure of the Army's Officer Evaluation and Promotion System and How to Fix It," *Small Wars Journal Online*, August 30, 2015, <http://smallwarsjournal.com/printpdf/28544> (accessed January 6, 2016).

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

⁷⁸ Wellins, Smith, and Erker, "Nine Best Practices," 4-8.

⁷⁹ *Ibid.*, 8.

⁸⁰ *Ibid.*

⁸¹ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 2.

⁸² Wardynski, Lyle, and Colarusso, *Employing Talent*, 27.

⁸³ Barno and Bensahel, "Can the U.S. Military Halt Its Brain Drain?"

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

⁸⁶ According to DA PAM 600-4, there are two types of command: immaterial command and corps specific command. Immaterial commands are open to qualified officers of all AMEDD specialty corps and include TDA and TO&E units, training units, recruiting units, and scientific or technical organizations. Corps specific commands are open to only a specific specialty corps or sub-specialty, such as a dental clinic, logistics unit, garrison command, or veterinary detachment. U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 35.

⁸⁷ Unlike the non-AMEDD Generating and Operating Force, AMEDD colonels may be selected to command twice, at Level-1 and Level-2. The ability to command twice as a colonel creates a structure of three levels of command for senior AMEDD officers. When breaking down by only branch immaterial opportunities the structure provides a better depiction of ascending responsibility. As command opportunities increase in responsibility, the competencies required become more critical to the success of the commander. U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 36.

⁸⁸ Hudson, *Comprehensive Talent Management*, 19.

⁸⁹ *Ibid.*, 20.

⁹⁰ HRC Command Management Directorate, David Skirvin, information obtained by author via email correspondence on October 14, 2015.

⁹¹ *Ibid.*

⁹² Hudson, *Comprehensive Talent Management*, 9.

⁹³ U.S. Army Medical Department Center and School, *The Academy of Health Sciences Course Catalog* (Fort Sam Houston, TX: U.S. Army Medical Department, 2015), 109.

⁹⁴ Barno and Bensahel, "Can the U.S. Military Halt Its Brain Drain?"

⁹⁵ Ibid.

⁹⁶ Sarah Cliffe, "Leadership Qualities vs. Competence: Which Matters?" *Harvard Business Review Online*, November 5, 2015, <https://hbr.org/2015/11/leadership-qualities-vs-competence-which-matters-more> (accessed January 6, 2016).

⁹⁷ Officers determined from Ordnance, Quartermaster, and Transportation Corps and are retained into the Logistics Corps, while others either separate from the military or continue in their highly specialized branch. LTC Archie Herndon, U.S. Army Human Resources Command Logistics Branch Chief, telephone interview by author, January 16, 2016.

⁹⁸ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 59-71.

⁹⁹ *Seminar Discussion, Seminar 10* (Carlisle Barracks, PA: U.S. Army War College, January 13, 2016).

¹⁰⁰ Their institutional, operational, and self-developmental pathways closely match those of typical Operating Force commanders. U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 59-71.

¹⁰¹ Wellins, Smith, and Erker, "Nine Best Practices," 9.

¹⁰² Casey Wardynski, David Lyle, and Michael Colarusso, *Towards a U.S. Army Officer Corps Strategy for Success: Employing Talent* (Carlisle Barracks, PA: U.S. Army War College, May 2010), 33.

¹⁰³ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 1.

¹⁰⁴ Ibid., 9.

¹⁰⁵ Wardynski, Lyle, and Colarusso, *Employing Talent*, 33.

¹⁰⁶ Wilmoth, telephone interview by author, October 19, 2015.

¹⁰⁷ For the AMEDD, the Health Services Directorate (HSD) of the Human Resource Command (HRC) at Fort Knox, Kentucky performs this function.¹⁰⁷ HSD's mission is to distribute officers to fill current and future authorized vacancies in each unit. Larry S. Bolton, R.G. Dickinson, and Vernon Wheeler, "Distributing the Army's Medical Department Officers," *Army Logistician Online* 39, no. 6 (November-December 2007): http://www.alu.army.mil/alog/issues/NovDec07/distrib_medofficers.html (accessed January 6, 2016).

¹⁰⁸ The Human Capital Distribution Planning (HCDP) conference is held between HRC and the regional commands within the AMEDD to discuss distribution of shortages and excesses for their units. The HCDP conference is conducted twice each year, in the spring and fall. Once the key operational and strategic level positions within the enterprise are identified, the branch chiefs from HSD collaborate with specialty consultants, the senior leaders from each of four major regional commands – Atlantic, Central, Pacific, European, and major subordinate commands. The regions are led by a two-star flag officer and have a diversity of senior leaders representing each AMEDD corps. During the collaboration process, critical billets are matched to officers who are eligible for a Permanent Change of Station (PCS), meet the rank or pay grade requirements, and possess the required area of concentration or specialty. Beyond the data mentioned above, jobs may be matched to an officer who is known by someone. For example, a region commander may have worked with a particular lieutenant colonel and is comfortable with his or her performance in the past and requests that individual to fill an urgent opening in his or her command. This collaboration process is main part of the AMEDD’s talent management program. Ibid.

¹⁰⁹ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 2.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Wardynski, Lyle, and Colarusso, *A Proposed Human Capital Model Focused Upon Talent*, 34.

¹¹³ U.S. Department of the Army, *Army Medical Department Officer Development and Career Management*, 2.

¹¹⁴ Wardynski, Lyle, and Colarusso, *Employing Talent*, 8-11.

¹¹⁵ Barno and Bensahel, “Can the U.S. Military Halt Its Brain Drain?”

¹¹⁶ Carter, “Building the First Link to the Force of the Future.”

¹¹⁷ Office of Economic and Manpower Analysis, *Army Green Pages Proof of Concept Pilot Report: Using Regulated Market Mechanisms to Manage Officer Talent* (Washington, DC: U.S. Department of the Army, December 15, 2012), iii, https://talent.army.mil/wp-content/uploads/pdf_uploads/PUBLICATIONS/Green-Pages-Proof-of-Concept-Pilot-Report.pdf (accessed January 6, 2016).

¹¹⁸ Ibid., iv.

¹¹⁹ Hudson, *Comprehensive Talent Management*, 3.