THE JOINT STAFF
WASHINGTON, D.C. 20318-9000

JOINT REQUIREMENTS
OVERSIGHT COUNCIL

JROCM 025-15
12 March 2015

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Combat Casualty Care Medical Research and Development DOTmLPF-P Change Request

1. The Joint Capability Board (JCB) reviewed and validated the Combat Casualty Care Medical Research and Development DOTmLPF-P Change Request (DCR). The JCB approves the enclosed actions and requests the Deputy Assistant Secretary of Defense, Force Health Protection and Readiness serve as the lead organization for their implementation.

2. This DCR seeks to reduce combat deaths that are potentially preventable through non-materiel solutions. This DCR identifies capability gaps in the Department of Defense's ability to provide for health protection and recommends training, personnel and policy actions to close the gaps.

3. The JCB requests the Office of the Secretary of Defense Health Affairs and the Defense Health Agency implement actions as outlined in the enclosure. The DCR module in the Joint Staff's Knowledge Management/Decision Support tool will be used for tracking, monitoring, and adjudicating the actions and suspense dates.

4. If implementation of the actions contained in the enclosure result in additional DOTmLPF-P requirements, then the Deputy Assistant Secretary of Defense, Force Health Protection & Readiness, as the sponsor and designated lead organization, should return to the Joint Capabilities Board for revalidation prior to taking action.

MARK F. RAMSAY
Lieutenant General, USAF
JROC Secretary

Enclosure

DISTRIBUTION:
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ENCLOSURE

Combat Casualty Care (C3) Medical Research and Development
DOTmLPF-P Change Recommendation (DCR) Actions

DOTmLPF-P Category and OPR	Action	Suspense Date
DOTmLPF-P: Training OPR: DHA Supporting: Services	1. Revise current training requirements for first responders (medical and non-medical) to reflect implementation of TCCC guidelines in current and projected future operating environments. - Assess the efficacy of establishing Army Combat Medics as emergency medical technician – paramedic (EMT-P) (vice emergency medical technician – basic (EMT-B)) and combat lifesavers as EMT-B. - Develop joint procedures to institutionalize and standardize pre-hospital training modalities for all categories of injuries (e.g. breathing, circulation) and for all levels at which the modalities will be utilized.	JROCM + 3 years
DOTmLPF-P: Personnel OPR: OSD(HA) Supporting: DHA and Services	2. Review and update, as appropriate, existing personnel policy that governs DoD research laboratories in order to: - Ensure billet coding for research institutions reflects requirements for individuals with recent combat experience to ensure relevancy of research (e.g. core competencies in TCCC knowledge) - Extend on station time at the research institutions to ensure continuity in research efforts.	JROCM + 3 Years
DOTmLPF-P: Policy OPR: OSD(HA) Supporting: DHA and Services	3. Review and revise, as appropriate, current policies and develop implementation guidance for a comprehensive and disciplined enterprise approach to defining and validating medical technique, device	JROCM + 2.5 years

DOTmLPF-P Category and OPR	Action	Suspense Date
	and product gaps; integrating and endorsing research and development actions; and subsequently approving implementation. This implementation guidance should: - Establish a common lexicon for defining medical technique, device and product gaps (potentially based upon the taxonomy used for this analysis). - Establish a requirement to link medical technique, device and product gaps to Joint Concepts or CONOPS developed by Combatant Commands and other components. - Establish formal mechanisms for collection of capability gap nominations and potential solutions from non-standard sources. - Establish a requirement for each proposed research and development effort to have an operational co-sponsor (potential end-user), a transition plan to establish a potential program of record, a plan to obtain FDA approval, and proposed programmatic metrics. - Establish an executive level "approving board" consisting of OSD(HA), DHA, and Service medical department representatives to review and validate gaps and to endorse proposed research and development activities. - Establish MHS common guidelines for certifying medical procedures, products, equipment and Clinical Practice Guidelines (CPG) to facilitate transition to operating forces.	