

The Centre for Defence Medicine

In December 1998, the Secretary of State for Defence announced a new strategy for the Defence Medical Services (DMS).¹ He recognised the severe problems facing the DMS, and the challenges posed by unforeseen changes in the UK's military commitments, as well as changes in medical practice and training in the UK. A number of important developments were to take place, including the formation of a new Centre for Defence Medicine (CDM).

The Strategy document stated:

“Military medicine is a distinct discipline in its own right. It therefore needs a focal point to provide a professional lead, a centre for training and a centre of excellence for research. To provide this, we intend to create a new Centre for Defence Medicine as soon as possible. It should be closely integrated with a major NHS hospital, probably but not necessarily a teaching hospital. A statement of requirement will be agreed and we will then seek expressions of interest from NHS Trusts around the country, looking for innovative ideas on how and where the Centre should be formed. Ideally, the Royal College of Defence Medicine should be integrated with the new Centre. Ways of achieving this will also be looked at in detail in 1999.”

In early 1999, the Medical Implementation Team commenced seeking a Preferred Partner by means of a competitive process in conjunction with the NHS Executive and, in December 1999, University Hospital Birmingham NHS Trust (leading for its academic and clinical partners) was selected as host for the CDM.

During the early months of 2000, the Trust and its partners worked with Surgeon General's staff to produce a project structure and to develop the key functions of CDM, leading to the development of Surgeon General's Long Term Vision²:

“The joint vision of MOD and its partners is that by 2010 CDM will be the internationally recognised centre of excellence for all UK military medicine. It will be the premier focus for military medical research, training and education in Europe.

CDM will be a magnet and career focal point for all groups of personnel within the DMS, attracting them, retaining them, and facilitating their life-long learning and professional development.

CDM will be a military entity, with military values and ethos, embedded in a leading-edge

civilian academic and medical culture. It will be distinctive but not isolationist, fostering a cross-fertilisation of ideas with its civilian clinical and academic partners, so that the sum is greater than the individual part.”

In achieving this

- *CDM will have at its heart all the present functions of the RDMC, but enhanced through the partnership with the University of Birmingham, the University Hospital and others;*
- *CDM will coordinate, champion and develop research in areas relevant to military medicine. It will expand areas of already recognised expertise, and exploit the synergy of the partnership in areas of research of common interest to the military and civilian sectors;*
- *CDM will become the reference centre and source of knowledge and expertise in clinical matters for the DMS worldwide. It will have substantial roles in aeromedical reception and tertiary referral as well as providing secondary care where appropriate;*
- *CDM will encourage and exploit innovation in the delivery of patient care. It will address the challenges of expanding roles in peacekeeping and disaster relief and management;*
- *It will be a beacon of academic and clinical excellence, and a pathfinder in new approaches and techniques in military medicine.*

In May 2000 the CDM Implementation Team moved into Trust HQ in Selly Oak, Birmingham and work continued apace to meet the Minister's requirement to open CDM in April 2001. In September, the Team was incremented to 5 MOD personnel and, at the same time, the first Clinical Consultant, an Ophthalmologist and a team of A&E nurses were appointed.

In March 2001 CDM expanded rapidly to 100 personnel, the CDM HQ and a military-managed surgical ward opened and teams of nurses, health care assistants and medical assistants were placed in acute areas of the Trust. On 2 April 2002 CDM was formally opened by The Princess Royal whose husband, Commodore Tim Laurence, had written the review underlying the New Strategy for the DMS and which proposed the establishment of CDM.

CDM's principal partners, the University Hospital Birmingham NHS Trust, the University of Birmingham and the University of Central England are crucial to its success and all are very enthusiastic supporters of CDM.

The University of Birmingham Medical School is a major academic institution and is eagerly anticipating the commencement of joint research which will be facilitated by the establishment of the DMS Professors in CDM during 2001 (Emergency Medicine, Military Medicine and General Practice) and 2002 (Military Surgery and Military Psychiatry). The arrival of these Professors has been the starting point for the development of Professorial Departments which will also contain junior academic posts enabling the DMS to train personnel for major academic appointments. Commencing in April 2002, the Professors will be delivering at CDM the teaching courses currently at Fort Blockhouse.

Even before CDM was formally opened, its training function commenced with the arrival, in February 2001, of ODP students undertaking NVQ training in clinical areas within the Trust. In September 2001 the Defence School of Healthcare Studies (DSHCS) opened, at the University of Central England, and diploma and degree DMS nursing students have commenced their education alongside their civilian counterparts. The training staff are similarly integrated with their civilian colleagues providing high-standard teaching to both military and civilian students. September 2001 also saw the commencement of a Foundation Course for Operating Department Practitioners, to enable them to commence a University accredited diploma course at the DSHCS in February 2002 - the first such course in the West Midlands.

The Trust provides an excellent clinical environment in which DMS personnel can maintain the clinical skills needed for operational deployments and in which clinical research can be conducted. The DMS Research Nurse has been involved in the formation of a Personnel Development Unit that is opening on the CDM ward as a joint venture by the Trust and MOD, and accredited by the University of Leeds.

Furthermore, CDM, in conjunction with UHB, became the principal reception unit for patients aeromedically evacuated to the UK in June 2001. Because of the high utilisation of beds in the NHS, CDM does not have an aeromedical ward but patients are triaged in the A&E building and admitted to civilian wards appropriate to their condition. Some patients, especially from operational environments, are not acutely ill and do not need an NHS bed, therefore, CDM has developed a patient hostel for these patients who are then treated as day cases or outpatients, or referred to the care of their own Medical Centre. Military hospitals did not have the range of specialties to meet the needs of all aeromed patients and many had to go to specialist civilian hospitals. However, UHB and its immediate neighbours provide a very wide range of sub-

specialties and can provide treatment for virtually all aeromed patients.

CDM is also receiving patients referred by DMS Primary Healthcare Centres and these referrals are gradually increasing, partly because more have visited CDM on the "open" days held on the first Wednesday of each month and get to know the wide range of services offered and the relatively short waiting times.

The initial concept for CDM included the functions of RDMC moving to Birmingham during the period 2004-2006 as the contract for nurse education at Portsmouth University wound down. However, difficulties in obtaining clinical placements for student nurses in the Portsmouth areas, and the increase in training resulting from the SDR uplift, necessitated the commencement of nurse education at CDM in September 2001. Subsequently, it has been decided that RDMC will close at the end of March 2002 with those students and their associated staff remaining at Fort Blockhouse becoming a detachment of CDM.

By October 2001 CDM had doubled in size to 200 and by April 2002 will treble to more than 600 with the inclusion of RDMC staff and students. Subsequently, CDM will grow due to the training requirement to meet the SDR uplift and the development of the Professorial Departments. We are currently receiving a steady flow of applicants to join CDM as consultants and have identified 21 SpRs and SHOs due to rotate through UHB and its partners over the next 2 years. Detailed planning for an expansion of nurses next year is currently taking place with individual appointments being made this year.

Allied Health Professionals are also planned to be placed at CDM but the timing of such appointments will depend on changing establishments in the Gosport and Portsmouth areas.

Currently, single (and married unaccompanied) staff live in apartments and houses provided under the substitute single service accommodation regulations whilst single students are housed in self-catering student flats. Some married personnel live in service families accommodation at Lichfield, Worcester and other Units some 45-60 minutes distant, but most live in hirings nearer to CDM. Most are pleased with their accommodation, but there have been difficulties in obtaining the right quality for more senior personnel in particular. However, a project team is developing a detailed statement of requirement for the provision of messes and associated single living accommodation and for families quarters. In addition, we have included sports facilities and the usual unit amenities within this requirement to enable CDM to grow into a fully functioning independent unit.

CDM is hosted by enthusiastic partners which provide a stimulating working environment. Patients receiving care here have been delighted with their treatment but CDM's principal focus is on research, the development of new techniques and treatments, and the provision of high quality education and training for all cadres of the DMS. The vision is for CDM to become the

premier centre of excellence in Europe and we believe that excellence in this context will be measured by the quality of our principal outputs, namely research and training.

ⁱ *Defence Medical Services - A Strategy for the Future.*
ⁱⁱ *Centre for Defence Medicine - Update 2001.*

ID MITCHELL

SPECIAL ANNOUNCEMENT

The Trustees of the RAMC Prize Fund have commissioned four new medals. These are as follows:

- a. DGAMS Special Award
- b. Knott Memorial Award
- c. Parkes ATQ Medal
- d. Consultants Medal

All these medals will be cast in sterling silver. The Trustees of the Prize Fund felt that it would be appropriate to offer past winners of these awards the opportunity to purchase the medal retrospectively. Any previous winner who wishes to do so should approach the MA to DGAMS who will place an order on their behalf and arrange for the engraving.