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## CAREER FOCUS

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### The Medical Support Officer

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#### Introduction

Before looking forward, a brief historical introduction is appropriate in order to gain a feel for where and how the Medical Support Officer (MSO) cadre has developed and matured over recent years.

Over the last few decades, the role of the MSO has changed beyond recognition. The cadre really started to mature and develop from the 1960s and 1970s. During this time the MSO worked ostensibly in the shadow of the RAMC Medical Officer. This undoubtedly curtailed MSO career aspirations, not by ability, but by association with a cadre which at that time was poorly understood and perceived to be under the ownership of the RAMC Medical Officer. The role of the MSO in the 1960s and 1970s was reflected in the title of appointment for that period. A Major would be referred to as a Major (Non-Medical), an unequivocal indicator that the MSO was not a doctor. The MSO was always loosely referred to as the Administrative Officer. This point can also be reinforced by the Quartermaster terms of reference, which were applicable to the non-medical MSO on commissioning. This inequality is a fair representation of the culture that then permeated the RAMC. It should not be forgotten that the few opportunities which did open up for MSOs in the 1960 and 70s to populate command and staff appointments occurred solely because of the manning shortfall of MOs at that time.

In 1972 the then DGAMS introduced the Potential Officer Assessment Course. The course was designed to identify RAMC soldiers with the potential to be considered for a commission in the RAMC. The course lasted until 1977 and a small number of soldiers were commissioned through this route into the RAMC. The MSO title formally changed in 1976 to that of Administrative Officer. This awkward generic title reflected the emerging role of the MSO, whose numbers grew with the expansion of the military hospitals; it was a role that evolved around the provision of 'administrative' support in these units. Although the MSO did in fact occupy a small number of command appointments in the field units at this time it was still regarded as rare for a MSO to fill a command post. It was not until the early 1980s that the MSO inched towards equality competing for command of regular field units. The preferred choice for command was the

medical officer. On occasion the MO stepped up into a command appointments following a career in clinical duties with very little command and staff experience. By the late 1980s MSOs started to fill more command appointments, bringing with them a wide range of experience and abilities. This emphasises the point that the ability in the MSO cadre was evident but the opportunity to expose those qualities in the RAMC was frustrated. In the last decade the MSO has gone on to provide at least half of the regular command appointments in the regular AMS.

The late 1980s saw the title change again from Administrative Officer to its present title of Medical Support Officer. The majority of sub unit squadron command and second in command appointments in regular field units are occupied now by MSOs. In addition many command appointments in TA field hospitals are filled by MSOs. The last decade has seen fundamental change in the role of the MSO, which has pushed the MSO to the forefront of the AMS and wider employability in the Army.

Today the Medical Support Officer provides the mainstream regimental command and staff focus in the AMS in partnership with the other professions of the AMS. There are few appointments in the AMS or general employment in the Army, for that matter, which exclude the trained MSO (trained is defined as formal command and staff, regimental and staff duty experience). The MSO provides regimental support, whether in command or staff duty appointments in times of peace and war. Most aspects of AMS, DMS and Army business, whether in training, supporting operations or simply employment in peacetime barrack locations, see the MSO with a role to play. This role is further enhanced by his or her working relationship with fellow professionally qualified officers of the AMS, striving at all times to ensure that the high standard of expected service is provided to the British Army at every level.

#### Current Roles

The MSO's professionalism and dedication to duty is demonstrated in the many operating environments in which he or she may serve. In general terms many of the AMS MSOs are employed in command and staff and training establishments within the

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AMS, for example, AMD, LAND Command, HQ Medical Group, regimental duty in close and general support medical regiments and field hospitals, both regular and TA. In addition MSO posts are found in the DSCA and other tri-Service appointments with the Surgeon General's Department. Appointments are also occupied by MSOs outside the AMS in a variety of organisations, for example, SHAPE and HQ ARRC. It is more apparent today, than in his predecessor's day, that the MSO is now a strategic player in future concepts and the development of the AMS. He or she will play a vital role in shaping the future.

### **A Career as an MSO**

For the Sandhurst cadet contemplating a career in the Army, the AMS has a great deal to offer. It offers a career structure that has its own unique qualities, and which is different in many ways to other Arms and Services. For example an infantry Subaltern can expect to be employed in his 1st Battalion as at Platoon Commander, Company Second in Command and maybe Operations Officer or Regimental Signals Officer in his first five years. In comparison a career in the AMS offers opportunities for employment in a close or general support medical regiment as a troop commander, (either in an armoured, wheeled or airborne unit). Following a tour as a troop commander the Subaltern could then take up an appointment, perhaps, in a field hospital, to be followed by a tour of duty in one of the training establishments, at ATR Lichfield or DMS Training Centre. Opportunities also exist to develop personal skills by volunteering for an attachment with an infantry battalion for six months or deploying with the United Nations as an observer. Many AMS Subalterns have enjoyed an operational tour of duty in the Balkans within their first two years of commissioned service. The AMS offers excellent career and training opportunities for the young MSO who seeks a varied, interesting and demanding career in the Army.

### **How to begin**

There are a number of ways to embark on a commissioned career as an MSO in the AMS. First and foremost there is the Academy route through the Royal Military Academy Sandhurst (RMAS). Potential officers, with a first degree<sup>1</sup> who successfully negotiate their way through the Regular Commissions Board and gain entry to the RMAS are selected for commission in the RAMC by attending the AMS Arms Selection Board, chaired by DGAMS. On selection cadets are sponsored by the RAMC throughout their officer training<sup>2</sup> and finally, on commissioning join an AMS unit on passing out of the Academy on Sovereign's Parade.

An alternative route into the AMS as an MSO is by transfer into the AMS from other Arms and Services. The AMS also commissions a number of Warrant Officers<sup>3</sup> into the AMS who successfully satisfy the entry standard of the Late Entry Commissions Board.

### **Career Progression**

#### *Lieutenant and Captain*

The first step for the Sandhurst graduate may take him or her to a medical regiment or field hospital as a troop commander. The troop commander is responsible for the soldiers, equipment and vehicles in his or her troop. Tasks at this early stage in the young officer's career are varied and challenging, but in essence the officer is responsible for the military and clinical training of the troop and preparing them for operations. In addition they must ensure that their sub-unit plays an integral part in unit life including sport and adventurous training. In today's Army the troop commander's role does not cease after normal working hours. The troop commander has responsibility for his or her troop's welfare, career management and individual counselling, with much of this 'administrative' work being carried out in their own time. In short the troop commander is responsible to the commanding officer for ensuring that his or her sub-unit is capable of meeting the unit's operational liability. The default setting for this, of course, is ensuring the troop is prepared to deploy on war fighting or other operations: a huge responsibility for a young MSO.

Having cut their teeth on a field unit, the next appointment for the Subaltern may be in another field unit, possibly as a squadron second in command or a second tour as a troop commander in, for example, a training establishment, such as the Army Training Regiment Lichfield<sup>4</sup>. During this tour of duty, the newly commissioned officer may be promoted to Captain having successfully completed Junior Officer Training and Education System<sup>5</sup> 1 (JOTES1), the Army's junior officers' intellectual development package. A further appointment may ensue before embarking on Army Junior Division (AJD) – JOTES 2 (AJD is a part of the Joint Service Command & Staff College (JSCSC)). AJD prepares the officer for senior Captain appointments in the AMS, for example, Adjutant, operations officer or a Grade 3 staff appointment in a Brigade or Divisional Headquarters. Successfully passing AJD also qualifies the officer, in conjunction with merit, for promotion to Major.

### **Major**

On promotion to Major the MSO can expect a wide choice of employment both internal and external to the AMS. MSOs in the rank of Major may be employed as a squadron

commander, at Grade 2 staff appointment<sup>6</sup>, training posts and towards the upper end of the Major's seniority scale as a unit second in command. A small number of AMS Sandhurst graduates may also qualify to attend the Advanced Command and Staff Course at JSCSC, which continues the officers' strategic, operational, tactical and intellectual command and staff development<sup>7</sup>. This period of intellectual development for the MSO aligns the officers' education, training and experience with the needs of the Service. Officer development opportunities also exist outside of the formal military education and training sources, for example, MSOs may be selected for fulltime health service related MSc places. Funding may also be allocated to MSOs on part-time Masters programmes outside the health service, for example the Masters in Business Administration (MBA).

### **Life as an MSO**

The Gulf War was a recent example of the responsibility MSOs faced in their formative years. During the Gulf War recently commissioned MSOs occupied command appointments in dressing stations configured on the old style field ambulance ORBAT (pre Strategic Defence Review). Within this sub-unit the MSO was responsible for military training and ensuring that his or her dressing station was capable of meeting its operational commitments in support of British and possibly coalition forces operating within their geographical area of responsibility. This was a huge undertaking for a troop commander two years out of the Academy. This level of responsibility remains the case today. Young MSOs are given operational responsibility, for example in the Balkans, within their first few years of commissioned service. This is the reality of early life in the AMS and is probably the key factor that attracts many MSOs to choose a career in the AMS against other Arms and Services. The opportunity for deployment and command in a theatre of operations at the start of a career in the AMS, providing real combat service support to British forces on deployment, is an attractive feature of such a career.

This responsibility of taking command of AMS assets on operations, be it a troop, squadron or unit, requires certain skills and diplomacy. It certainly necessitates skilful co-operation and on occasion negotiation between all the clinical disciplines and professions. This task of pulling a diffuse medical plan together complimented, and at times, complicated by a wide range of professional expertise and disciplines may, and more often than not does, fall to the MSO to co-ordinate. In these circumstances the MSO requires a sound understanding of the AMS operational capability, function and role in the field. He or she also needs to

comprehend the qualities that the professionally qualified officer delivers on operations. This merging of the MSO's military qualities and full understanding of clinical capability on operations is a quality the MSO has to acquire.

The medical regiments at squadron or RHQ level may deploy with surgical and resuscitation capability. It may fall to the MSO, as part of this health care continuum, from point of wounding to primary surgery, in unison with his clinical colleagues to manage this control loop of military and clinical capability on the battlefield. The MSO's military training, education and experience is geared for this purpose to assist in the delivery of medical capability at every level. When it has come to fruition it has been a great success, for example OP GRANBY, the Balkans commitment and IRON AMALGAM (3 (UK) Div medical exercise) to cite a few examples. During August to November EX SAIF SAREEA 2 AMS general support medical regiment, close support medical squadron, medical supply squadron (minus) and a field hospital were deployed, providing real medical cover and exercise play on a large scale exercise in Oman.

### **Late Entrant Officers**

It is not just the Sandhurst graduate who makes a contribution to the AMS. The AMS are very fortunate in having a large number of late entrant officers who also compete for the key appointments in the AMS. Many of the AMS Late Entrant officers have converted their commission to a Regular Commission, (mainstream) creating opportunities in the Corps to further their career aspirations. Many have gone on to command regular and TA units in the past and are doing so presently. This source of MSO recruitment is vital in sustaining the cadre with experienced and valuable officers who, with younger direct entry officers provide a healthy balance, offering a range of different qualities and skills.

### **Career Aspirations**

There is much to achieve in terms of military and personal goals as an MSO. However, the time in which to achieve these goals is short and at times frenetic. There are no hard and fast rules governing the time it takes to move from Subaltern to Lieutenant Colonel on the career/promotion continuum in the MSO cadre. There are a number of parties who have a vested interest in the MSO's career progression, not least DGAMS, AMS MCM Div and the MSO cadre advisor. However, the MSO who opts to join the AMS from Sandhurst or those commissioned from the ranks can expect a challenging, at times demanding and certainly a varied career.

### **Recreational Opportunities**

The life of an MSO is not all work and no play. Opportunities exist for extensive travel in line with any other Service. In today's Army, officers have to take opportunities when they can. Officers who are prepared to create the opportunity for adventure and challenge will not be hindered. Sport always underpins the *esprit de corps* in the AMS and opportunities run throughout the Corps for MSO and soldiers alike to develop their sporting prowess.

### **Conclusion**

The MSO has come a long way since the 1960s. There have been significant changes in perception, culture and values running through the AMS. In today's Army MSOs can compete on equal terms for most command and staff appointments in the AMS. The number of MSOs who occupy high office in the AMS and the growing number of young, intelligent and talented officers who represent the future bear testimony that the MSO has truly come of age. The MSO will in future play a vital role in influencing future concepts and the shape of the AMS, a far cry from his predecessor who toiled for many years to pave the way for this recognition of a professional and capable cadre.

1. Minimum educational standard 5 GCSE (Grade C and above). 80% of officer cadets have at least a first degree.
2. 12 months officer training at RMAS.
3. The LE commission entry into the AMS was opened Army wide in 2001 (DCI Army 3-12 2001).
4. ATR Lichfield responsible for AMS phase 1 recruit training.
5. Junior Officer Training and Education Scheme.
6. Examples of Grade 2 appointments are found in AMD, LAND Command, HQ Med Gp or 1 or 3 Div HQ.
7. The Review of Officer Career Courses is currently reviewing officer training in the Army and the examples given in the text of this article about Army officer training may alter in future.