

Devising a training programme and reviewing the lessons identified during contingency operations on board the Role 3 Maritime platform

Lt Cdr AM Clarkson



Abstract

The deployment of the Primary Casualty Receiving Facility (PCRF) to Sierra Leone in October 2014 in support of Operation GRITROCK was a contingency operation that required a very specific training programme. This article discusses the training and how it evolved beyond its original remit into a programme used as a management tool to meet the needs of the staff. The result was the implementation of a comprehensive package from which lessons can be drawn and used when planning future operations.

Introduction

When the Primary Casualty Receiving Facility (PCRF), Royal Fleet Auxiliary (RFA) ARGUS, deployed to Sierra Leone in October 2014 in support of Operation (Op) GRITROCK, the medical plan for the operation was very much still evolving. The main concern among the deploying PCRF ship's company was Ebola Virus Disease (EVD), but the reason for the PCRF's deployment to the region was to provide cover for non-Ebola emergencies. A training plan had to be devised to ensure that the ship's company was competent in the management not only of traumatic emergencies, but also of infectious diseases, donning and doffing of personal protective equipment (PPE), and other medical emergencies. The aim of this study was to assess the appropriateness of the training programme, and to examine the perceived training needs of PCRF personnel during this type of contingency operation.

Op GRITROCK training programme

Op GRITROCK was the first operational deployment of the PCRF, RFA ARGUS, since 2003. Although the PCRF had undergone a process of validation and assurance during the recent Exercise MEDICAL ENDEAVOUR 14, there was a significant changeover in nominated personnel, and some individuals deploying had never been to sea before. The training programme therefore necessarily included a period of Combat Enhancement Training / Force Integration Training (CET / FIT), followed by a package that would fully prepare both personnel and the medical facility for this specific operation. Key to the success of the training package would be the reassurance of personnel that PPE and the drills associated with decontamination would ensure a level of force protection appropriate to this mission. After arriving in the Joint Operations Area (JOA), the training programme continued to provide both mission-specific

continuation training and a series of sessions designed to ensure professional and clinical development.

The first phase of the training programme focussed on preparation for the operation. This was similar to the initial activity on recent exercises, with the added element of mission-specific training in the form of development of specific Standard Operating Procedures (SOPs) and in particular the management of patients suspected of having EVD. Training took the form of departmental briefs, healthcare governance, equipment care, rehearsal of concept (RoC), and the key preparations for life at sea including fire, flood and damage control drills, which all culminated in a mission rehearsal. This was complete by the time RFA ARGUS arrived in the JOA, allowing the PCRF to be declared operationally ready.

The Reception, Staging and Onward Integration (RSOI) package was delivered to the ship's company by Brigade staff from ashore. It consisted of a mandated series of lectures designed to inform personnel on a range of mission-specific topics from force protection to local customs.

Once in the JOA, a programme of clinical training began running alongside weekly PPE training, with serials running both morning and afternoon every day. A significant component of this was a leadership and development programme, designed for Junior and Senior Rates who had not yet attended command courses, and led by Senior Rates who had recently completed these courses and so were able to pass on their knowledge and experience. The programme covered action-centred leadership, presentation skills, coaching workshops, Personal Leadership Tasks (PLT), report writing, table-top exercises, NATO Standing Orders, and parade training.

Methods

A locally-produced questionnaire was distributed to all PCRf personnel at the mid-point of the operation. The questionnaire was designed to explore opinions and perceptions, as well as satisfaction with the training package already in place. An open style of questioning was therefore used. Completed questionnaires remained anonymous and were returned to the training officer through the heads of departments. Qualitative data were collected and analysed for recurrent themes. It was hoped that the results of this exercise would inform a wider discussion regarding expectations and understanding of the concept of preparation for contingency operations.

Results

44 completed questionnaires were received (8 Officers, 18 WO/ Senior Rates, 18 Junior Rates), from a total of 69 personnel on board participating in the training programme, giving a response rate of 64%.

In general, the longer-serving personnel tended to have a better understanding of the concept of contingency operations and the breadth of operational focus that this includes. Some confusion was noted from those who had less operational experience, which improved after arrival in the JOA. This was aided by establishing regular situational awareness briefs giving a broader perspective of operations ashore and afloat.

Common threads identified were that personnel from outside the Secondary Healthcare (SHC) environment did not feel appropriately trained, and some were not aware that they had been nominated for duties on the PCRf. Some key competencies such as Battlefield Advanced Trauma Life Support, Advanced Life Support and Immediate Life Support training were not acquired prior to deployment. There were recurrent themes around the feeling of not being adequately prepared for this mission. The officers and senior rates felt that the CET / FIT programme achieved

its aim, but a number of junior rates did not know that the programme was running, and more importantly were unaware of its purpose, suggesting that those running the programme did not communicate this effectively.

Discussion

This brief study showed that in general the training programme met the requirements of this operation, but there were some areas of concern raised by the respondents, particularly in terms of the preparedness of non-secondary healthcare staff and those added to the Force Element Table (FET) at short notice.

Across all respondents, there was a feeling that individuals were not sure what to expect whilst in the JOA. A significant number felt unprepared both in their expectations and in the mandatory courses required for this contingency platform. Those personnel who were late additions to the PCRf FET were not fully trained in mandatory courses prior to arrival on board.

The standard weekly training programme generated an even division in responses regarding what was expected. A common theme was that the tempo of the training programme was more like an exercise than previous operations, due in part to the reduced clinical throughput, although the content did mostly meet expectations. The mandatory Army RSOI package was felt to be of less benefit than a bespoke training package with a maritime focus would have been.

Departmental training was highly valued, particularly by non-medical personnel such as the Royal Marines Band Service and administration personnel. Individual role and departmental training was consistently regarded positively by all cadres, with leadership and development training also featuring consistently highly throughout in the responses from the junior rates.

Strategic	Tactical
Ensure a stable Force Element Table (FET) across both SHC and PHC donor Units	Continuous Training Programme whilst operational
Include the ‘Concept of Contingency’ in pre-deployment training	Vary the programme with clinical and non-clinical serials
Allow access to operational courses for those not on the FET – to account for late notice additions	Ensure the CET/FIT is mission specific
	Include a standardised CET/ FIT to the Training SOP

Table 1. Lessons identified.

The Lessons Identified (LI) with regard to establishing a training programme are listed in Table 1, which details factors that should be considered whilst preparing personnel to deploy.

Conclusion

This training review gives a tactical and subjective account of the opinion of a number of Defence Medical Services personnel, from different Services and cadres, in a snapshot measurement during the first PCRf contingency deployment in over a decade. As we move further towards 'Return to Contingency', we need to consider what lessons can be learned from Op GRITROCK that will allow us to better prepare for the future.

Acknowledgements

Surgeon Captain J E Smith RN for presentational assistance.

Author

Lieutenant Commander A M Clarkson RN

1. Emergency Department, Primary Casualty Receiving Facility. RFA Argus
2. Defence School Healthcare Education. DMS Whittington
andrew.clarkson917@mod.uk