A Brief Historical Tour of Army Medicine

Following the restoration of Charles II in 1660, the Standing Regular Army was formed. For the first time, a career was provided for a medical officer, both in peacetime and war. The Army was formed entirely on a regimental basis (and continues in that tried and tested way today) and a medical officer with a warrant officer as his assistant was appointed to the regiment which also provided a hospital. The regimental basis of appointment for medical officers continued until it was abolished in 1873.

It was in Queen Anne's reign that the great Duke of Marlborough instituted what were known as "marching hospitals" and "flying hospitals" (somewhat comparable to the present day field ambulance or medical regiment) to accompany his armies. But it was not until about 1812 when the Duke of Wellington was commanding the army fighting Napoleon's forces in Spain and Portugal (portrayed in the TV series "Sharpe") that some kind of organised medical service was born.

During the 40 years, which followed Napoleon's defeat at Waterloo on 18th June 1815, the British Army forgot the lessons it had so painfully learned during the Peninsular War. This neglect culminated in the disastrous medical scandal of the Crimean War when provision of medical support were entrusted to members of the wealthy and aristocratic classes who regarded soldiering as a hobby, wore highly exotic uniforms and gave no thought to the medical or logistic support to the army. As a consequence the responsibility fell to "Civil Departments" who were largely untrained in war. Emerging from this fiasco was the formation in 1855 of "The Medical Staff Corps" composed of "...men able to read and write, of regular habits and good temper and of a kindly disposition". In 1857 the Medical Staff Corps was reorganised into the "Army Hospital Corps" a title it held until 1884 when it reverted to its former name.

It was in 1898 that all ranks became fused together into a single Corps. Queen Victoria, on the 23 June 1898 added her forthright signature to the top right hand corner of a Royal Warrant which signified her will and pleasure that a "Corps be formed styled the Royal Army Medical Corps". Thus on 1st July 1898 the Corps was born and the Centenary was recently celebrated.

The RAMC has a most distinguished record both in the practice of medicine and in the gallantry displayed by its members. In the 3 major wars (Boer, WW1 & WW2), the RAMC dealt with 14 million casualties, was awarded 14 Victoria Crosses (two with Bars), one George Cross, 630 Distinguished Service Orders, 1,806 Military Crosses, 464 Distinguished Conduct Medals, 2,375 Military Medals and 16 George Medals. The price was not small with our rolls of honour containing 1,180 officers and 8,165 soldiers who died in the service of their country. With such a distinguished history, present and future members of the Corps have an awesome reputation to live up to. Moreover, wherever there is conflict whether it is limited war (Korea), Counter Insurgency (Malaya), Counter Terrorism (Northern Ireland), Task Force (South Atlantic), Coalition Forces (Gulf War) or United Nations and NATO peacekeeping operations (Bosnia, Cyprus, Angola etc) the RAMC is always there.

There have been many changes during the past ten years, so it would be useful to summarise the effects of recent Defence Reviews, which have had (and continue to have) an impact not only on the Army but also on the RN and RAF medical Services.

1994 Defence Cost Review

The July 1994 Defence Cost Review Report announced a fundamental reorganisation of the Defence Medical Services. The main thrust was towards secondary health care in which most UK based single Service hospitals would close. The new structure would comprise a tri-Service core hospital at Royal Hospital (RH) Haslar in Gosport, Hampshire, retention of the Duchess of Kent Military Hospital (DKMH) Catterick, North Yorkshire and three Ministry of Defence Hospital Units (MDHU). MDHUs are tri-Service military units located in NHS Trust hospitals in close proximity to Service population. The MDHUs are located at Derriford (Plymouth), Frimley Park (Nr Aldershot, Hants) and Peterborough, (Cambrigeshire). Each MDHU comprises 50-100 beds

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with the appropriate complement of staffs who are responsible for all military patients and take a comprehensive share of the care of civilian patients. The three MDHUs, together with RH Haslar, DKMH Catterick and RAF Hosp Akrotiri (Cyprus), are managed by the Defence Secondary Care Agency (DSCA) established in April 96. Such arrangements enable RAMC staff to benefit from accredited medical training in the NHS patient mix, whilst retaining the special and unique qualities of Service life.

The Army Medical Services

Whilst the DSCA is responsible for secondary care policy, RAMC consultants, paramedics and technicians retain their single Service identity. Moreover, military staff continue to be at a level of operational readiness to deploy anywhere at short notice either as an individual or part of a team within an Army Medical Service (AMS) unit.

1998 Strategic Defence Review Defence Medical Services – "A strategy for the Future"

In December 1998, the Government announced the result of another review into the Defence Medical Services this time proposing significant enhancements to both the regular and reserve medical services. It resulted from a series of internal operational efficiency studies, the findings of the 1998 Strategic Defence Revie and a need to correct some of the more damaging effects of the 1994 Defence Cost Review. Whilst the 1994 Defence Cost Review recommended some sensible and inevitable changes to the Defence Medical Services, some of the proposals were inappropriate, lacked detailed analysis and were clearly designed for short term savings. It was also apparent that the members of the Defence Medical Services felt they were constantly being subjected to reviews many of which were given little time to be implemented fully. The cumulative effect and the speed of change caused fundamental damage to the morale of medical, nursing and technical staff that led to an exodus of highly trained personnel from the Defence Medical Services to the NHS. Recruitment of new personnel has improved significantly during the past 2 years to redress the numerical balance of personnel but there remain significant gaps in certain areas and professions.

The latest review *"Defence Medical Service - A Strategy for the Future"* acknowledged the damage inflicted on the Defence Medical Services (DMS) in general and on the Army Medical Services (AMS) in particular, arising from these endless studies and offers a "Vision for the Future" defined by the Government as follows:

"The Government's vision for the Defence Medical Services (which include RN, Army and RAF medical Services) is for a fully manned, trained, equipped, resourced and capable organisation with high morale, capable of providing timely and high quality medical care to the Armed Forces on operations and in peacetime."

The Government has pledged an increase in resource, which is expected to be an extra £500M during the next 10 years. During the first 4 years £140M is to be invested in the DMS, a large slice of which will be given to the Army Medical Services. The money is to be used to:

- ***Improve recruitment of trained staff***
- ***Improve retention of our highly trained personnel***
- ***Increase equipment enhancements both qualitatively and quantitatively***
- ***Establish a Centre for Defence Medicine probably to be integrated with a major NHS hospital. Establish more Ministry of Defence Hospital Units (MDHU) ensuring that the military ethos so vital to their success is maintained and improved***
- ***And many other significant changes designed to improve the efficiency and morale of DMS personnel***

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Centre of Defence Medicine – Birmingham

In 1998, the formation of the Centre for Defence Medicine (CDM) was announced by the Secretary of State for Defence as part of the new strategy for the Defence Medical Services (DMS). Subsequently, University Hospital Birmingham (UHB) and its academic and clinical partners were selected to host the CDM. CDM was formally opened by The Princess Royal on 2nd April 2001 and this summary describes the progress made over the last year to establish the CDM and will outline its future development.

The vision for the CDM is that it 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 parts.

In achieving this:

- ***CDM will have at its heart all the present functions of the Royal Defence Medical College (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;***

- ***CDM will become the alma mater of the DMS.***

Even before 2010, CDM will be fully manned, and bustling with energy, enthusiasm and military professionalism. It will be a beacon of academic and clinical excellence, and a pathfinder in new approaches and techniques in military medicine.

The first of CDM's personnel arrived in Birmingham in 2000. The MoD Implementation Team was put in place in May 2000, to work alongside the UHB Project Manager and others. The first DMS clinical staffs were appointed in September 2000 with A & E nurses joining their civilian colleagues, and a Consultant Ophthalmologist being appointed to a joint UHB/Birmingham Midlands Eye Centre post. Trust staff have enthusiastically received these appointments and military patients were treated at Birmingham even before the formal opening of CDM in Apr 2001. The first large group of military staff arrived in Spring 2001.

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In parallel, staffs from the Defence Medical Training Organisation (DMTO) Headquarters and RDMC have been working closely with the Universities of Birmingham and Central England to develop plans for the migration of teaching and academic functions into the CDM. The first training placements began in Spring 2001 with further trainees arriving in the autumn.

University Hospital Birmingham becomes the principal UK hospital for the reception of patients aeromedically evacuated to the UK with effect from Jun 2001.

The maintenance of military ethos is important. At work, military uniforms will be worn unless clinical protective clothing is required. However, it is important that a programme of communal activities is provided, and the CDM staff are looking at sites for formal service functions such as "Regimental Dinners" and "Guest Nights" and sites for informal socialising until the full messing facility is provided.

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