

NATO MILMED COE QUALITY ASSURANCE POLICY



Organisation: NATO Centre of Excellence for Military Medicine (NATO MILMED COE)
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REFERENCES:

- A. MC 326/4 NATO PRINCIPLES AND POLICIES OF MEDICAL SUPPORT
- B. MC 458/3 NATO's EDUCATION AND TRAINING POLICY
- C. BI-SC75-2, EDUCATION AND TRAINING DIRECTIVE, 02 OCTOBER 2013
- D. Bi-SC 75-7, EDUCATION AND INDIVIDUAL TRAINING DIRECTIVE (E&ITD), 10 SEPTEMBER 2015
- E. 7000/TXX-0077/TT-10661/Ser:SH/JMED/LS/14- 306403, NATO MEDICAL SUPPORT STRATEGIC TRAINING PLAN (STP), 27 MAY 2015
- F. 5000/TSC TTX 0420/TT-140149/Ser:NU 0588, MEDICAL SUPPORT TRAINING REQUIREMENTS ANALYSIS (TRA) FINAL REPORT
- G. MILMED COE TRAINING BRANCH STANDARD OPERATING PROCEDURES MANUAL, April 2016

INTRODUCTION

The purpose of this document is to standardize procedures and processes related to Quality Management System (QMS), and describe the MILMED COE's Quality Assurance Policy (QAP) and strategy. It is applicable to all MILMED COE personnel, subject matter experts (SME), external partners whose services and/or products influence the services of MILMED COE, as well as to all services, courses, conference and workshops conducted by the MILMED COE, as well as to the external training and support that is provided in the COE's role as the appointed Department Head (DH) for the Medical Support discipline in NATO. This manual is MILMED COE's property, has no classification and is for official use only.

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1. Background

As defined by NATO, a Centre of Excellence is a nationally or multi-nationally sponsored entity, which offers recognized expertise and experience to the benefit of the Alliance, especially in support of transformation. The MILMED COE is a multinational institution, working towards the goals of NATO in the field of military medical interoperability. Our projects enable the NATO forces to utilize the latest medical standards, methods, best practices and technologies in order to enhance interoperability on the battlefield, creating effective medical support within a changing environment. The Centre is composed of 4 medical branches: Force Health Protection (FHP) – a satellite branch located in Munich, Germany, Interoperability; Lessons Learned and Training.

While the determination of NATO's training requirements will remain the responsibility of Allied Command Operations (ACO), Allied Command Transformation (ACT), NATO's responsible Strategic Command for training, will liaise with the MILMED COE, as DH, to ensure that courses' content meets the operational requirement through the use of internal and external evaluation.

The MILMED COE is committed to provide the best quality education and training, conferences and workshops using processes and procedures that will continuously improve the quality of all courses, external training support and exercises, conferences, and workshops.

1.1 MILMED COE Mission

The NATO MILMED COE is committed to enhancing the readiness and response capability of the Alliance through the transformation of Education, Training, Exercise and Evaluation; Analysis and Lessons Learned; Doctrine Development and Standardization; and Concept Development and Experimentation. The NATO MILMED COE improves medical support by providing, facilitating, and coordinating subject matter expertise for the planning, execution, training and transformation of the multinational military medical support functions.

MILMED COE develops and implements projects to empower superior and effective medical support services across NATO, during missions abroad and in their home countries.

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1.2 MILMED COE Vision

To be the hub of military medical knowledge and multinational military medical expertise for NATO; ensuring effective, efficient, and flexible response for the planning, execution and transformation of the medical requirements of the Alliance. Committed to the health of our forces.

1.3. MILMED Strategic Goals

1. Establish a framework for communication between the transformational and operational medical elements of the Alliance thereby ensuring continuous improvement and readiness of medical support to Alliance Operations.
2. Modernize the COE's Information Sharing and Communication platforms to ensure uninterrupted support to the Alliance.
3. Develop a network of medical and technical subject matter experts to augment the COE staff's support to the NATO medical community.
4. Widen the scope of the COE's improve strategic communication of the COE

Strategic goals ensure that the MILMED COE represents::

Excellence as an Information Knowledge Management Hub in the field of military medicine, including military medical Lessons Learned and Innovation.

Excellence in Force Health Protection Coordination with an emphasis on health surveillance.

Excellence as the Military Medical Evaluation Centre.

Excellence in the Department Head Function for the Medical Support Discipline.

Excellence in Doctrine and Policy development in order to increase Interoperability.

Excellence in Military Medical Training (Individual and Collective).

Excellence in supporting the NATO Command Structure at all levels.

2. Operational Background

2.1. Operational planning and control

The basis of MILMED COE services are settled in the Memorandum of Understandings: the service related processes are described in the SOPs.

With its services the MILMED COE supports and assists the Strategic Commands, other NATO bodies, nations, other civil and military bodies by supporting the transformation of the Alliance.

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Requests for MILMED COE services come mainly from the Sponsoring Nations, and inputs are also provided by The Committee of Chiefs of Military Medical Services in NATO (COMEDS), ACT Medical Branch, ACO Requirements Authority and Medical Advisor (MEDAD) and other NATO bodies. All requests for services are considered and decided upon by the Steering Committee (SC).

2.2 Requirements for services

MILMED COE's branches prepare their yearly professional Program of Work (hereinafter: POW), which lists all projects / services to be accomplished. The POW is presented for approval to the Steering Committee along with the budget needed for its execution. The SC, which is the highest decision making body of the MILMED COE, is responsible for the direction, guidance and supervision of MILMED COE. The SC accepts the POW, and the annual report concerning the activities / work of the branches and Department Head. HQ SACT and SHAPE and other NATO entities can be invited to participate as non-voting members to advise the SC on NATO requirements and priorities.

MILMED COE's management maintain documentation of any changes in service requirement and promulgate it in directives, weekly staff meetings or written orders.

2.3 Design and development of services

Services of MILMED COE – training related services; interoperability related services; lessons learned related services, force health protection related services and Department Head services – are controlled by SOPs and policies.

MILMED COE operates an identification and registration system, which ensures identification and traceability in every phase of the service process.

MILMED COE's management maintain documentation of any changes in service requirements and promulgate it in directives, weekly staff meetings or written orders.

2.4 General Principles

MILMED COE – training related services, interoperability related services, lessons learned related services, Force Health Protection services, Department Head related services – functions according to the quality management system, focusing on customer satisfaction by process control and continuous improvement.

Operational and management system of MILMED COE provides the necessary personnel and infrastructure conditions and background.

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The operation of MILMED COE and all process management, controlling, monitoring, analysis and continuous improvements are regularly controlled and reviewed.

2.5 Documents of MILMED COE's quality management system:

- the Quality Assurance Policy (QAP), including the quality policy of MILMED COE (Annex A),
- the quality objectives of MILMED COE, defined in "Vision and Strategic guidance",
- internal documents of MILMED COE (SOPs, the list of SOPs attached as Annex B)
- external documents of MILMED COE: Memorandum of Understanding concerning the establishment, administration and operation of the Centre of Excellence for Military Medicine and the Memorandum of Understanding concerning the functional relationship regarding the Centre of Excellence for Military Medicine;

The MILMED COE adheres to all NATO policies, regulations and standards that are appropriate to the functions of the MILMED COE and in particular to established HQ SACT (Headquarters, Supreme Allied Commander Transformation) guidance and directives providing for the overall COE Network efficiency and effectiveness. For instance: MCM 236-03: MC Concept for Centres of Excellence; IMSM 0416-04: NATO Centres of Excellence Accreditation Criteria; C-M (69) 22: Procedures for the Activation and Reorganization in Peacetime of NATO Military Bodies and Rules for Granting them International Status and International Financing; ACO Directive 45-1: Allied Command Europe Military Personnel Management and Administration.

- records of operation of MILMED COE.

3. Overview of the Quality Policy

The quality policy is an acknowledged and articulated intention by MILMED COE's management, and is consistent with the objectives of the organization; meets the requirements of the quality management system and is committed to the continuous improvement.

MILMED COE publishes the quality policy, regularly reviews its content and updates it if necessary. (Annex A)

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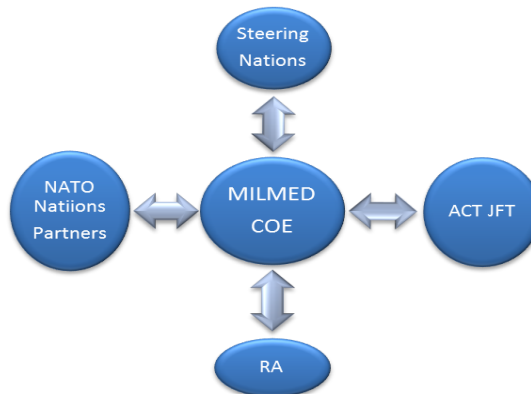


4. Quality Management System.

4.1 Organization.



MILMED COE Org Chart



MILMED COE Relationships

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4.2 Roles and Responsibilities.

- Director, MILMED COE (DIR) – responsible for the application of the Quality Assurance Policy of the COE.
- Deputy Director (DDIR) as Chief of Staff (COS) – with support of COS Office Chief coordinates the QA policy among the Branches and Department Head, presents reports to the Director for final approval and action.
- Quality Manager (QM) – under the direction of the COSO Chief – is the management representative of the Quality Management System (QMS) and is responsible for system maintenance and its effective functioning, improvement of quality consciousness, managing QMS related projects, and reporting to the management.

Reporting responsibilities:

- Summary of evaluating the operation and efficiency of QMS, with recommendations for the Management Review – report to DIR;
 - Produce an annual QA report with support of Department Head and the Branch Chiefs for DIRs approval – report to ACT.
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- Medical Support Department Head (DH) Representative – supports and shares responsibility with the Quality Manager in the maintenance and implementation of the QA Policy, especially in relation to training and education, reports to the Director.
 - With the QM, co-produce the annual QA report,
 - Staffing external course accreditation IAW DH function,
 - Coordinate and conduct the Annual Discipline Conference with the Requirements Authority (RA),
 - Produce the Discipline Alignment Plan,
 - Execution and compliance to QA processes of external courses,
 - Monitoring Course Control Documents (CCD) of external courses per Reference D,
 - Ensuring efficient use of resources are allocated in support of the execution of the DH function.

 - Chief-Training Branch – responsible for
 - Developing and conducting Academic Staff Orientation and Training,
 - Execution and compliance with QA processes within COE courses,
 - Assist with annual QA report,

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- Staffing internal course introduction and enhancement,
 - Monitor the timely production of Post Course Reviews (PCR) and providing guidance of actions upon their completion,
 - Conduct periodic review of curriculum and Course Control Documents (CCD) for internal courses,
 - Monitoring the proficiency of the Course Director with regard to CCDs and/or the production of new documents IAW COE approved formats and tools,
 - Annual monitoring of internal Course Director instructional proficiency,
 - Annual audit of internal courses,
 - Preparing annual education and training plan for the Director and COE instructors,
 - Revising Training Branch job descriptions, as needed,
 - Ensuring efficient use of resources are allocated to COE courses.
- Course Director (CD) – responsible to the Training Branch Chief for:
- Maintaining course relevance by monitoring developments in the discipline and engaging the community of interest to include the Office of Primary Responsibility Action Officer (OPR AO), RA and DH, for medical support.
 - Creating, maintaining, and updating CCDs for assigned courses,
 - Planning and preparing assigned courses,
 - Enabling a conducive learning environment and monitoring the welfare of students during course facilitation,
 - Executing assigned courses.
- Course Administrator (CA) – responsible to the CD for:
- Preparing and conducting course in IAW the Training Branch SOP,
 - Coordinating the visits of guest lecturers and speakers assigned to the course,
 - Provide daily security, safety and administrative updates to students and instructors (when required),
 - Assisting the CD in all matters related to the courses.
- Course Registration (CR) – responsible for:
- Manage and monitor the course manning selection criteria

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- Course Support (CS) – The Support Branch provides necessary and timely support of all internal courses, conferences and workshops, per the involved branch and Support Branch SOP.
 - Manage and track event request forms,
 - Transportation of students and speakers per CD request,
 - Produce and manage name tags/cards,
 - Catering, etc.

5. Implementation Strategy.

5.1 The quality assurance (QA) policy, established here as a MILMED COE QA program, is available in electronic version on the MILMED COE SharePoint. It is available to all MILMED COE personnel and is a part of the MILMED COE's QMS. The program serves to instill confidence in the delivery of mission-related activities and the Program of Work by providing direction and review of the QA process, products, services, and deliverables. The QA program applies to all staff members (including external lecturers / guest speakers) of the COE involved in the design, and/or delivery of conferences, workshops, education and training, exercises, and evaluation (ETEE). The QA program is applicable to all COE events, resident courses, mobile training teams (MTT), and advanced distributed learning (ADL) activities.

The QA program follows the following principles:

- **Systems Approach** - E&T programs are based on established requirements in the Medical Support discipline to ensure that coordinated solutions are relevant and delivered in the most effective and efficient manner. Policies, processes and resources are interconnected components, designed to leverage feedback from ongoing activities.
- **Compliance** - All E&T solutions will be developed and delivered according to NATO training requirements and are based on current and relevant NATO doctrine and Best Practices (i.e. STANAGs, Lessons Identified/Learned).
- **Accountability** to stakeholders (i.e. NATO nations and partners, Steering Nations, students, etc.). Personnel responsible for implementation of the COE QA program are identified and are obliged to explain and report on their programs.
- **Measurability** - all courses and programs will be evaluated against established and measurable learning and/or training objectives.

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- **Transparency** - learning and training processes and procedures are established using a collaborative/team approach. Relevant policies, documents, Lessons Identified/Learned (including best practices) will be available on the Medical Lessons Learned Portal. Additional portals are being developed as part of Share Point Online and will include a Training and Information Knowledge Management (IKM) portal in support of other Communities of Interest.

5.2 Quality Process

Quality processes, used by this institution, pertain to two different concepts: Quality Control (QC) and Quality Assurance (QA):

- QC aims to identify deficiencies in the final product. Quality control, therefore, is a reactive process. The goal of QC is to identify weaknesses after a product is developed and before it is released.
- QA aims to prevent deficiencies with a focus on the process used to develop the product. It is a proactive quality process. The goal of QA is to improve development and test processes so that deficiencies do not arise when the product is being developed.

Quality principles refer to MILMED COE processes, personnel, and training material.

MILMED COE processes have been organized in the basic documents which are in this QA Policy and the related MILMED COE Standard Operational Procedures (SOP). They are revised periodically using an internal evaluation process, annually scheduled by the Directorate and QM.

MILMED COE personnel, instructors, staff, admin, military and civilians are selected on the base of Peacetime Establishment (PE) job descriptions and are formally evaluated by their direct superior according to national and NATO standards.

The MILMED COE's management pays attention to motivate staff members to professionally develop their skills and knowledge required for their positions (fields). The management also provides the required financial resources. Trainings are planned, results are registered and the effectiveness of the trainings are evaluated by the management.. (Education&Training Plan)

MILMED COE is participating, cooperating and organising workshops and expert panels within NATO medical command structure to continuously improve its knowledge of the related medical fields.

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The personnel are required to participate in QM training annually to maintain quality consciousness by keeping them up to date about the effectiveness of the QMS, implications of not conforming with the QMS requirements and their contributions to QMS.

6. Quality Assurance Review Cycle.

To evaluate the operation and effectiveness of the QMS, internal audits are performed by QM regularly, usually once per year, to verify that the QMS works effectively and meets the requirements of the ISO 9001 standard and NATO requirements. Results of internal audits are reported to the management prior to the management review.

The management review is the MILMED COE's self-assessment process to update the QA Policy, identify new and on-going shortfalls, to identify best practices, The management review is also used to verify that the quality management system maintains and sustains continuing suitability, adequacy, effectiveness and alignment with the strategic direction of MILMED COE.

The management review is carried out annually, as scheduled by the director based on QM's recommendation. The QM — with the support of the DH and involved branch(es) — is responsible for the planning, execution and evaluation of the review. It involves a formal analysis of the management system — how this policy is implemented — with the aim of identifying needed changes, strengths and weaknesses. The results of the management review shall include decisions on measures concerning improvements to current products and services, as well as the need for resources. These results may also affect this QA policy and any annexes that would have to be changed, accordingly.

As general guidelines, the following topics should be covered during the management review:

- Results of SWOT analysis,
- Results from audits and inspections and previous management reviews,
- Results of previous corrective or preventive measures,
- Results of courses reviewed and iterations ,
- Influences and changes of circumstances that may affect the QMS (e.g. human resources, personnel rotation program based on national regulations, etc.),
- Resource requirements, and
- Internal and external communication.

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The management review will be scheduled and included in the annual QA plan and will be attended by the:

- MILMED COE Director (DIR) and Deputy Director (DDIR)/Chief of Staff (COS),
- Department Head (DH)
- Branch Chiefs,
- Financial Controller (FINCON),
- Quality Manager (QM),
- Others, as invited by the Director

6.1 Additional Remarks

Primarily, internal reviews of the courses, conferences and workshops are for the MILMED COE and will be carried out by the involved branch. External reviews will be conducted by SMEs from the Medical Support Community of Interest and will be organized by the Department Head in conjunction with the Requirements Authority (RA) to ensure that operational requirements are continuously met, transparent, and aligned with NATO's Strategic Guidance (Ref D, Bi-SC 75-7, 10 SEP 2015)

The RA, MILMED COE Steering Committee (SC), and Medical Support Community of Interest will be routinely informed of all course enhancements and adjustments. These course enhancements and adjustments will be communicated through routine coordination between the RA, DH, SC meetings, Military Medical Training Working Group (MMT WG), the Annual Discipline Conference, and reported in the Discipline Alignment Plan.

6.2 Collective Training and Exercises

Within means and capabilities, the MILMED COE DH will support collective, NATO-led training with SMEs and/or other Med Sup- E&T specific advisors at exercises and pre-deployment training events. This support will be based on the regular prioritization of the planned NATO exercises organized by ACT and ACO.

Where the need exists and when the DH has the capacity, the DH supports the NATO Officers Conducting the Exercise (OCEs) in the planning and conduct of collective training and exercises.

The MILMED COE will continue to support the Vigorous Warrior (VW) Exercise series. This exercise series is the only multinational NATO exercise that focuses purely on medical issues, VW Exercise is a one-of-a-kind event that currently closes a considerable gap in NATO's medical exercise structure and offers a unique

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opportunity for the medical subject matter experts to exercise a modular multinational military medical support system.

7. Quality Assurance Supporting Elements and Resources.

7.1 Resources:

MILMED COE's management ensures the availability of the necessary human and material resources - trained staff, adequate equipment – to meet the customer expectations and to implement proper operating processes. Resources are provided by the yearly approved budget and host nation support (framework nation support), also considering the needs to be obtained from external providers.

7.1.1 Human resource: The Manning Table of MILMED COE is approved by the Memorandum of Understanding Concerning the Establishment, Administration and Operation of the Centre of Excellence for Military Medicine. The Manning Table and job descriptions determine rank and qualification criteria required for each appointment, including the quality manager and the department head positions.

7.1.2 Infrastructure: MILMED COE provides all the material and equipment to meet the operational needs, ensures proper working conditions, including IT systems, and all the necessary support to ensure a proper working environment. The staff is also provided training on fire safety and QMS.

7.1.3 External suppliers: Suppliers are rated and evaluated at the MILMED COE, their selection and rating is based on their ability to fulfill the requirements of products and services, which are required to ensure effective and efficient operations. The specifications of the needed products and services are set out in orders and contracts. The level of authority and acknowledgement of receipt is determined for the acquired goods and services.

7.2 Definition and Delivery of Instruction: Course Creation and Approval (TRB SOP)

7.2.1 The MILMED COE courses are created in response to NATO requirements based on a Training Requirements Analysis (TRA) report (see Reference F) or an opportunity in which a defined target audience is required to acquire, or enhance,

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their knowledge, skills, or abilities in the performance of tasks, especially during missions abroad.

7.2.2 Courses will be specified by learning objectives derived from a Training Needs Analysis (TNA) conducted in accordance with Reference C. When there is no TNA specifying the need for a course, the requirement for the creation of the course must be coordinated with the DH and specified in the Course Control Documents (CCD) per Reference D.

7.2.3 CCD's consist of three distinct documents: Course Control Form, Course Proposal, Programme of Classes. CCDs will be produced with sufficient and necessary information to achieve the following outcomes:

- To provide a description of the course in sufficient detail and serve as a written agreement between the owner of the requirement (RA or DH) and the COE;
- To provide guidance to instructional staff in the design and development of lessons and associated learning activities.
- To provide students with an outline of the course objectives, teaching points, instructional and assessment methods to be used when conducting a course.

7.2.4 Upon completion of the CCDs by the CD and further approval of the TRB Chief for internal courses, the DH will ensure final QA on the CCDs. External dissemination to the RA and community of interest will follow, in order to certify that the course, as delineated in the CCDs, meets the customer requirements. Once these steps are completed, the MILMED COE Director will approve the course and present it for approval of the COE SC. Following approval of the SC, the course will be added to the COE annual Programme of Work (POW) and the TRB Chief will include the course in the COE course catalogue and amend the NATO ETOC and PCM in ePrime, accordingly.

7.3 Conduct of Courses

The conduct of courses is the primary responsibility of the Training Branch in close collaboration with the RA and DH.

7.3.1 CDs must ensure the courses are executed IAW TNA and approved CCDs.

7.3.2 The course schedule shall reflect the LOs, teaching points, main references, methods and timings described in the CCDs.

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7.3.3 The conduct of the course shall, unless dictated by exceptional circumstances, be executed IAW the course schedule.

7.3.4 The CD will ensure that qualified and experienced instructors are provided, well in advance, with the Programme of Classes, schedule and available lessons and materials necessary to prepare for their instructional assignment.

7.3.5 CDs are responsible for the orderly, effective and efficient conduct of their assigned course and are expected to monitor the performance of internal and external instructors for both the content and instructional technique. Feedback shall be provided on individual lessons or on overall performance for a particular iteration. Exceptional performance shall be reported up the chain of command to the TRB Chief for appropriate action.

7.4 Formal Monitoring and Evaluation of the MILMED COE Instructors

The COE personnel performing instructional duties will be formally monitored to ensure continuous improvement of planning, preparation and conduct of lessons IAW best practices and the Lessons Learned (LL) process.

7.4.1 Monitoring of instructors will be performed once per year by the TRB Chief or CD, with support from QM and the DH.

7.4.2 Instructional monitoring sessions will be programmed ahead of time and executed using a standard monitoring form.

7.4.3 Instructors will be debriefed accordingly and a record of the sessions will be stored within the TRB.

7.4.4 All TRB personnel are subject to the periodic evaluation by their supervisors IAW with national and NATO standards, at least once a year. The MILMED COE J1 is responsible for coordinating and managing the evaluation of records.

7.5 Student Assessment

Student assessment is an essential component of the QA program, as it provides vital information on both the achievement of learning objectives by students and critical feedback on the course design and conduct. Student assessments may be

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executed in a variety of forms, both formally and informally. This section of the QA Policy is intended to institutionalize and reinforce existing practices.

7.5.1 On-going observation of the student progress, through purposeful and formative evaluation activities, such as question and answer periods at the end of a lesson, quizzes, or syndicate work shall all be included in courses hosted by the COE.

7.5.2 Based on observations collected during formative evaluation events, students will be provided with group or individual feedback. Additionally, students experiencing greater difficulty will be provided dedicated feedback and remedial assistance.

7.5.3 Students will be presented with a course graduation certificate, acknowledging successful completion of the course. Under exceptional circumstances, when it has been determined (through observation and documentation) that a student has failed to achieve the majority of the learning objectives, a student will be presented with a certificate of attendance. The documentation of such cases shall be retained in course files.

7.6 Post Course Review (PCR)

The PCR process is the primary means to systematically collect feedback during COE hosted courses. It focuses on gathering information pertaining to the conduct of the courses, including but not limited to the course objectives, methodology, instructional quality, time allocation and administrative and logistic support. The analyzed data supports the continuous improvement of courses at the COE.

7.6.1 The CD will administer the student comment form designed to collect feedback on instructional and support issues for each iteration of every COE course. Comment forms will be collected and analyzed in conjunction with feedback from speakers, the RA and DH.

7.6.2 The CD will produce a PCR report that summarizes the Course Aim, the description of participants, and the list of instructional staff. Salient feedback, both quantitative and qualitative, will be generated. A short description of activities that require improvement, as well as those activities that should be sustained, will be presented. Recommendations and action plans will be specified for implementation in future iterations.

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7.7 Annual Course Audit

Every MILMED COE course will be subject to an annual audit. The audit will be performed by the TRB Chief and/or the CD as part of a systematic, programmed approach aimed at ensuring courses are managed in accordance with the MILMED COE QA policy. The audit will consist of:

7.7.1 A TNA review;

7.7.2 A review of the CCDs;

7.7.3 A review of the course schedule to verify alignment with CCD;

7.7.4 A review of previous year PCRs to verify implementation of recommendations;

7.7.5 Monitoring of sufficient number of lectures and/or syndicate work to evaluate the conduct of the course;

7.7.6 A record of the above actions.

7.7.7 A debriefing to CDs based on the findings of the audit.

7.8 Curriculum Review Board (CRB)

A CRB seeks to optimize the integrated use of academic resources based on course demand, as well as ensuring the emerging concepts and doctrines are incorporated into the MILMED COE curriculum, when desirable and feasible.

7.8.1 A CRB will be conducted once a year prior to the Annual Discipline Conference in order to review the training requirements. Members of the CRB will be appointed by the MILMED COE Director.

7.8.2 With support from the DH and TRB Chief, Course Directors will brief the CRB on course relevance based on Medical Support STP (Reference E) and the TRA (Reference F). The CD will discuss how the course supports current and/or emerging doctrine, policies and directives. External engagement of the course will be witnessed by the DH.

7.8.3 Course interest, based on student bids and attendance, will be assessed during the PCR, annual audit, and CRB. Additionally, the Training Branch Course Battle Rhythm identifies the timeframe for which student seats must be filled. Finally, the

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Training Branch will conduct an annual long-term survey to gauge benefit and the future need of each course.

7.8.4 The sustainability of the course will be analyzed based on past revenue versus expenditure.

7.8.5 At the conclusion of the CRB, the COE Director/COS may direct the TRB Chief to:

- Maintain status quo for the course,
- Request additional information prior to decision,
- Initiate actions for creation of a new course,
- Implement quantitative changes to the number of students per iterations per year, or both,
- Implement qualitative changes to course content, methodology, instructional composition, etc.,
- Suspend the course,
- Cancel the course.

7.9 System of Record

The MILMED COE Training Portal (under development), as part of the COE Sharepoint website, will be the system of record for the COE QA core processes including CCDs, PCRs, and the CRB. As such, academic staff with a Knowledge Base (KB), will enable personnel to generate, organize, retrieve, store and dispose of associated data and information. The system will facilitate the auditing of the QA processes and products by the QM, TRB Chief, CD as well as support decision-making by the MILMED COE Director.

8. Quality Assurance – System Evaluation and Key Indicators

8.1 MILMED COE's management approves the key performance indicators determined by the branches, which provide measurable, valid and reliable data and results concerning the branches' missions. The monitoring results are regularly reported to the management. The policy, strategy and associated core processes described herein shall be evaluated annually by the CRB, co-chaired by the QM / DH and facilitated by the Involved Branch Chief. Core membership will consist of the QA representatives, and anyone deemed appropriate by the Directorate to include at

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least one member of each branch at the MILMED COE. Performance measurement will focus on the performance indicators described below:

8.1.1 Number of students trained in COE courses or number of attendees at a conference.

8.1.2 Number of students trained with ADL courses.

8.1.3 Participant satisfaction based on:

Learning objectives,

Difficulty of the level of material,

Value of event in their current/future job,

Appropriateness of the time allocated to the event,

Would recommend this event to others.

8.1.4 Number of HQ's represented at MILMED COE events.

8.1.5 Number of other institutions (COE's, Ptec's, industries, etc) represented at MILMED COE events.

8.1.6 Graduation rate of students participated at courses.

8.1.7 Variance between expected audience quality and quality of enrolled students/attendees.

8.1.8 Number of nations in attendance at MILMED COE events.

8.1.9 Number of students/authorized users utilizing the Training Portal, with distribution of nationality

8.1.10 Number of MILMED COE courses, conferences, and workshops.

8.1.11 Number of ADL courses.

8.1.12 % of courses audited for the year.

8.2 Findings and recommendations will be incorporated in the annual report produced by QM. Files will be maintained electronically for a minimum of 5 years.

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9. Continual Improvement Processes (CIP)

MILMED COE's management regularly determines the STRATEGIC PLAN of the MILMED COE. The STRATEGIC PLAN refers to the organization's risks and opportunities as well as the strengths and weaknesses. The STRATEGIC PLAN contains actions to address these risks and opportunities; the plan looks forward five years and is reviewed annually.

MILMED COE defines, plans, and implements all the monitoring-, controlling-, analysis and improvement processes which are needed to verify the conformity of its services. Collecting and analyzing all the data by monitoring, measuring, and controlling, refers to the competency and effectiveness of the QMS and is used to determine corrective actions and the development of efficient services

The MILMED COE monitors the competency and efficiency of the courses as well, to meet customer expectations. The courses are evaluated, and these results are used with results of students' / instructor's satisfaction to improve the processes (see more under 7.5 Student Assessment).

Identification and correction of nonconformities are controlled. Corrective actions are continuously performed to disclose and eliminate the causes of errors and to prevent reoccurrences according to identified evaluation non-conformities and received information from customers. The results of corrective actions, efficiencies, and deficiencies are recorded and analyzed.

To ensure continual improvement, the QMS is continuously being improved according to the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review.

**NATO MILMED COE
QUALITY ASSURANCE POLICY**



Contact Information.

POC for questions or additional information is CAPT (N) Steven Parks, Department Head (DH) dir.department@coemed.org. and/or MAJ Anita Tóth, Quality Manager (QM), coso.qm@coemed.org

This document is authorized:

25 May 2022



Dr. Dirk-Friedrich KLAGGES
Brigadier General (MD)

Director, NATO Center of Excellence for Military Medicine

NATO MILMED COE QUALITY ASSURANCE POLICY



ANNEXES:

- A) Quality Policy
- B) List of SOPs
- C) Matrix of E&T processes

NATO MILMED COE
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ANNEX A

MILMED COE Quality Policy

The NATO Military Medicine Centre of Excellence (MILMED COE) is a multi-national, NATO accredited organization, dedicated to serve the continuous development and transformation of the Alliance with expertise and experience in military health care. The MILMED COE operates an ISO 9001:2015 compliant quality management system (QMS) with the commitment to ensure its continuous improvement in line with the mission and activities of the Centre. Our QMS, ISO 9001:2015, requires and has obtained certification, which is periodically assessed and renewed. The most recent assessment and accreditation occurred in October 2021.

The quality management system aims to:

- ensure the effective operation of MILMED COE as expected, and to guarantee the fulfillment of its mission and responsibilities defined in the MOU,
- support the system-oriented management of MILMED COE taking account of process identification, improvement, traceability and security,
- support the operation and development of processes by the continuous monitoring at MILMED COE.

The management commitment:

- determines the quality objectives of MILMED COE and actions to achieve them,
- checks the operational processes of MILMED COE, and monitors their performance,
- supports staff members attendance in trainings,
- seeks continuous improvement of the infrastructure,
- provides suppliers selection and periodic evaluation in order to ensure the smooth operation of MILMED COE.

MILMED COE intends to meet its mission by promoting quality consciousness and continuous improvement of the quality management system.

Date:

25. May


MILMED COE Director

**NATO MILMED COE
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ANNEX B

List of MILMED COE's SOPs/SOIs

Reg. Number	SOP/SOI	Date of creation	Status
12/9/NATO	e-LEARNING SOP	22/06/2021	Valid
21/54/NATO	MILMED COE SOI CHIEF OFF STAFF OFFICE	25/04/2022	Valid
21/53/NATO	MILMED COE SOI INTEROPERABILITY BRANCH	29/03/2022	Valid
21/50/NATO	TRAVELS AND DUTY	15/07/2020	Valid
21/49/NATO	REGULATIONS OF THE COE STAFF MEETINGS	23/06/2020	Valid
21/48/NATO	REMOTE WORK	24/06/2020	Valid
21/47/NATO	EVENT ORGANIZATION	01/05/2022	Valid
21/46/NATO	LOGISTIC PROCEDURES	01/05/2020	Valid
21/45/NATO	TRANSPORTATION	01/05/2020	Valid
21/43/NATO	BASIC	30/01/2020	Valid
21/42/NATO	VAT AND EXCISE REIMBURSEMENT	01/01/2020	Valid
21/41/NATO	CASH-DESK AND BANK CARD	01/01/2020	Valid

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21/39/NATO	FINANCIAL PROCEDURES FOR NON-EUR COUNTRY EVENTS	01/05/2017	Valid
21/35/NATO	No. 1.	15/12/2016	Valid
21/33/NATO	STANDARD OPERATING PROCEDURE ON DUTY CAR	21/03/2013	Valid
21/32/NATO	OFFICER AND NCO OF THE YEAR' AWARD	21/03/2016	Valid
21/26/NATO	SECURITY REGULATION	23/09/2016	Valid
21/15/NATO	REIMBURSEMENT OF EXTERNAL SUBJECT MATTER EXPERTS	01/10/2011	Valid
21/14/NATO	REPRESENTATION AND HOSPITALITY	01/10/2011	Valid
21/11/NATO	CONFERENCES	15/07/2010	Valid
21/10/NATO	VISITS TO MILMED COE	15/07/2010	Valid
21/6/NATO	QUALITY MANAGEMENT PROCEDURES	01/05/2022	Valid
21/4/NATO	TRAINING BRANCH	17/06/2013	Valid
21/3/NATO	LESSONS LEARNED BRANCH	01/05/2022	Valid
21/2/NATO	INTEROPERABILITY BRANCH MISSION SPECIFIC WORK ACIVITIES	01/05/2022	Valid

Date:

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MILMED COE
REG HEAD

NATO MILMED COE
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ANNEX C

Matrix of E&T processes

The following matrix identifies the Education and Training (E&T) processes carried out by the MILMED COE that must adhere to Quality Assurance and Control. It also identifies tasks and responsibilities by different actors.

PROCESS	DIR	DH	QM	Branch Chief	Course Director/ Event Action Officer	Staff Support
QA Policy and Strategy Management Review	Approve	Co-Lead	Lead	Support		Support
Measure and assessment	Establish Process		Evaluation of the quality of the training/ event. Measure of performance of Instructors/ Speakers and students	Lead	Assist	Support
Analysis	Review	Assist	Lead Identify performance deficiencies for every series of courses	Identify performance deficiencies for every internal course iteration	After Action Report for DIR review	Support

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PROCESS	DIR	DH	QM	Branch Chief	Course Director/Event Action Officer	Staff Support
Curriculum Design	Approve ¹	Identify training solutions and design training (Lead: external courses)	Supervise SAT model	Identify training solutions and design training (Lead internal courses)	Assist TRB with TNA and curriculum design	
Curriculum Development	Approve	Lead (External course) draft and monitor update	Supervise SAT model and standards for course documentation	Lead (internal courses)	Assist TRB Course control documents	Assist with formats and templates
Curriculum Implementation	Verify	Lead for external courses	Supervise	Lead for internal courses	Conduct	Assist
Internal QA on instructional processes	Establish the process	Assist	Conduct	Assist	Assist	
Accreditation and curriculum evaluation	Verify and endorse	Apply for external courses; assist with internal courses	Assist	Apply for internal courses	Assist	Support
Student Evaluation process	Establish the process	Verify	Assist and supervise	Verify	Lead	Assist with data collection

¹ According to Bi-SC 75-7 E&IT Directive, DH leads and approves the TNA. Curriculum Analysis, design, implementation and evaluation are phases of the TNA. Within the COE, DIR approves and TRB Chief leads the process