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MEMORANDUM FOR: Chief, Medical Staff

30 November 1953

SUBJECT : Suggested Approach to Medical Technician Career Management Policy

1. It is my opinion that the Medical Office can be provided with a practical and workable method of developing and applying the highest professional standards in fulfilling the mission of the Medical Office while enjoying the benefits of an overseas rotation policy. In view of your keen interest and personal application towards a solution of the problem of career management within the Medical Office, the basic factors will not be discussed. There are several peripheral facts that may not have been obvious that I would like to bring up.

a. A study of the functions of the overseas technicians slots and a comparable study of the Headquarters technicians slots has revealed an interesting fact. By all odds, better than 80 per cent of the overseas technicians slots can be satisfactorily filled by general medical technician capability. In Headquarters, just the reverse holds true; that is, better than 80 per cent of the Headquarters technicians slots require some specialized capability such as administration, finance, personnel, supply, logistics, etc. This being the case, the already-existing numerical disproportion between overseas technicians slots and Headquarters technicians slots is functionally made further disproportionate.

b. In the past, recruiters of medical technicians concentrated on recruiting general medical technical capability and not specialized capability. This has been a satisfactory solution to filling overseas technicians slots but has left a breach in the Headquarters technicians slots because of the need of specialized capability.

c. I personally feel that the majority of the medical technicians now on duty with the Medical Office are of average or low average caliber. If we are to attain the maximum in capability of these individuals, it would seem logical to apply their existing natural capability in one specific direction so as to develop it to a maximum.

d. It is with some conviction that I can say that the function and caliber of the material produced by PCD could best be maintained by providing permanent specialists for the

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technicians slots available in PCD. cursory studies of the problems and positions in some of the other divisions has reinforced this opinion and resulted in the conviction that specialization in the Medical Office at Headquarters should be a general policy.

3. It is felt that the maximum can be achieved by the following general plan.

a. Two specific groups of technicians be established; namely, career technicians and contract technicians.

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b. All of the Headquarters slots, with the exception of two slots in TSD and one in the Immunization Room, would be considered as permanent career development slots and would be held by the career designee technicians. In addition, the following overseas slots would be reserved for rotation of the career designees - the technician assigned to [REDACTED], the Chief Technician [REDACTED], the Chief Technician on [REDACTED], and possibly the Chief Technician [REDACTED]. In this fashion, the career designees could be rotated to these select overseas positions to provide the Medical Office at Headquarters with the benefit of the overseas experience. In addition, having been thoroughly indoctrinated in the ways of Headquarters prior to overseas assignment, the Medical Office would continue to exert maximum control in all areas by thus assigning key technicians. This would prevent a repeated stripping of the functional Headquarters division after it had been carefully organized and functioning to the maximum of its given capability. The rotations could be staggered on a much more methodical basis with such a plan so that no division would be seriously hurt.

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c. The remaining medical technicians; namely, the contract technicians, would be recruited with a view of indicating to them they were being hired for a two-year period for overseas assignment.

In the event career designee technicians were needed, the most capable contract technicians could be offered the opportunity of becoming a career designee of the Medical Office.

In the event there were overseas slots open at the termination of his initial contract, the contract technician could be again rotated to an overseas assignment if he so desired, again under contract. In this fashion, there would be no career commitment to the contract technicians.

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4. On the basis of the above discussion, it is recommended that the plan as outlined be introduced to the Career Service Board as soon as Chief, Medical Staff feels that it is timely. It is my opinion that the sooner that such a plan has its inception, the sooner the Career Development Plan of the Medical Office can be resolved to a sound basis that will permit intelligent planning.


Chief, Program Coordination Div.

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