



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 1412.1A
BUMED-M00C
4 Jan 2013

BUMED INSTRUCTION 1412.1A

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND QUALIFICATION PROGRAM

Ref: (a) OPNAVINST 1412.14
(b) MILPERSMAN 1301-811
(c) SECNAV Manual 5210.1 of Jan 2012

Encl: (1) Acronyms
(2) Senior Executive Medicine Categories/Commands
(3) Sample Command Screening Oral Board Report

1. Purpose. To issue policy, procedures, and set basic minimum standards for the qualifying and screening of medical department officers for commanding officer (CO) and executive officer (XO). Enclosure (1) is a list of acronyms used in this instruction.

2. Cancellation. BUMEDINST 1412.1.

3. Scope. This instruction applies to all medical department officers eligible to screen for CO and XO.

4. Background. Per reference (a), the Chief, Bureau of Medicine and Surgery (BUMED) is responsible for formally establishing a written command qualification program to set minimum standards for command and establish a process to formally screen officers to Senior Executive Medicine (SEM) command positions (see enclosure (2)) via an administrative screening board sponsored by the Navy Personnel Command (NPC). Reference (b) provides additional guidance on screening board process.

5. Navy Medicine Professional Qualification Standards. Standards for command qualification for medical treatment facilities (MTFs), support commands, research commands, and operational commands are set forth as follows:

a. Experience. Eligible officers desiring to screen for command must have a documented track record of success in leadership and non-leadership positions and a pattern of successful completion of MTF and/or non-MTF (i.e., Headquarters staff at BUMED, Bureau of Naval Personnel, Research and Development, etc.) and/or operational tours with increasing scope of accountability and responsibility.

b. Knowledge/Skills/Attributes

(1) Solid knowledge and understanding of the Navy Medicine enterprise in relationship to the operational mission.

- (2) Joint Operations/Experience. (Highly desired, but not required).
- (3) Firm foundation and understanding of business principles and practices.
- (4) Knowledge and understanding of quality improvement and patient safety principles and practices.
- (5) Ability to function in a complex matrix organization.
- (6) Ability to communicate effectively in public and private forums. Understanding of strategic and risk communication.
- (7) Ability to provide timely and constructive feedback utilizing established civilian and military personnel evaluation systems.
- (8) Critical and strategic thinking and problem solving skills.
- (9) Achievement of the Joint Medical Executive Skills Program additional qualification designator (AQD) 67A - Executive Medicine recommended but not required.
- (10) Joint Professional Military Education (JPME) Phase I, Command and Staff College or War College (Resident/Non-Resident) desired but not required.

c. Leadership

- (1) Role model in Navy core values, military bearing, and physical fitness.
- (2) Strategic planner and thinker.
- (3) Visionary.
- (4) Develops subordinates; values diversity.
- (5) Understands and supports broader organizational goals.

d. Additional Requirements. Expectation is that selectees:

- (1) Will be universally assignable and able to meet Permanent Change of Station (PCS) parameters. Rare exceptions may be considered.
- (2) Must pass the Physical Fitness Assessment (PFA) and be within Body Composition Assessment (BCA) standards with no failures within the last four PFA cycles, or cannot have medical waivers for two consecutive PFA cycles or three medical waivers in the most recent 4-year period.

(3) For CO positions: Must be able to complete a full CO tour before reaching the statutory age of 62 or mandatory (statutory) retirement date.

(4) For XO positions: Must have at least 5 years remaining on active duty before the statutory age of 62 or mandatory (statutory) retirement date to facilitate potential assignment to full XO and CO tours.

e. Criteria for Selection to MTF and Hospital Ship (T-AH) SEM Positions

(1) CO MTF/T-AH Positions

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO/deputy commander tour. Additionally, CO T-AH must have fleet experience.

(2) XO MTF/T-AH Positions

(a) With rare exception, officer will be in the grade of Captain (O-6).

(b) Successful demonstration of MTF/operational mid- or senior level management. Additionally, fleet experience is desired.

f. Criteria for Selection to Research/Support SEM Positions

(1) CO Research/Support Activities

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of a research/support activity XO tour.

(c) Experience in the business aspects of research and/or support activities with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

(2) XO Research and Support Activities

(a) Officer must be in the grade of Captain (O-6). In the event that a Commander (O-5) best meets the required skill set, the officer cannot be failed of selection to Captain and must be administratively screened by the Council of Corps Chiefs (CoCC).

(b) Experience in the business aspects of research and/or support activities with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

g. Criteria for Selection to Operational SEM Positions (Medical Battalions, Dental Battalions, or Field Medical Training Battalions)

(1) CO Operational Activities

(a) Officer should be the grade of Captain (O-6). In the event that a Commander (O-5) best meets the required skill set, the officer cannot be failed of selection to Captain and must be administratively screened by the CoCC.

(b) Dental Battalion CO billets are coded 2200 designator and require successful Marine Corps experience.

(c) Medical Battalion/Field Medical Training Battalion CO billets are coded 2300 designator and require successful Marine Corps experience. Any Medical department officer with requisite skills and experience may be considered on a case-by-case basis and with concurrence from The Medical Officer (TMO) to the U.S. Marine Corps (USMC). The best qualified officer will be selected, regardless of designator.

(2) XO Operational Activities. Candidates for XO of Operational Activities will be administratively screened by the CoCC and TMO to the USMC for review of operational experience and suitability for assignment.

(a) Officer should be the grade of Commander (O-5). Officers cannot be failed of selection to Captain. In the event that a Lieutenant Commander (O-4) best meets the required skill set, the officer cannot be failed of selection to Commander.

(b) Dental Battalion XO billets are coded 2200 designator and require successful Marine Corps experience.

(c) Medical Battalion/Field Medical Training Battalion XO billets are coded 2300 designator and require successful Marine Corps experience. Any Medical Department officer with requisite skills and experience may be considered on a case-by-case basis and with concurrence from TMO to the U.S. Marine Corps. The best qualified officer will be selected, regardless of designator.

6. Command Screening Board Application Process

a. Command Screening Board Application. The Deputy Chief, BUMED will release a BUMED notice in the 2nd quarter of each fiscal year announcing the future year's command screening board requirements to include the current application form, Commanding Officer's letter of recommendation requirements, and Navy Medicine Region Commander or immediate superior in charge (ISIC) Flag endorsement letter requirements. In addition, an official officer photograph taken within 12 months of the Command Screening Board is required.

b. Oral Board. Per reference (a), an oral board is required prior to being considered by the Command Screening Board. The oral board is a one-time requirement. However, an officer who is not recommended by an oral board for command screening may request another oral board in a subsequent year. The oral board is conducted to determine understanding of and readiness for the responsibilities of command.

(1) Membership. Oral boards will be composed of at least three Medical Department Captains (O-6) or above, senior to the officer being considered and who are currently serving in command, or who have completed a command assignment, under orders from the CHNAVPERS in a billet designated with the NOBC for command. Officers who are serving, or have previously been assigned, as “acting” commanding officers are not eligible to serve as board members. No officer may be a member of two successive oral boards for the same applicant.

(2) Scheduling. The Chief, BUMED will notify eligible officers of the timing, location and procedure for requesting an oral board. Navy Medicine Regional Commanders shall select board membership and convene the oral board per BUMED guidance. If geographical and/or fiscal constraints require, boards may be held via video teleconference or telephone conference.

(3) Board Content. The senior member will guide the questions of the board and should focus on questions designed to evaluate the candidate’s maturity, character, temperament, judgment, motivation for command, and familiarity with the Medical Department programs and policies. The oral board should not dwell on the technical aspects of health care delivery. The findings of the oral board will be determined by majority vote. Specific guidance will be provided in an Oral Board Precept.

(4) Report. Within 15 days of completing its deliberations, the oral board shall report its findings to PERS-4415 in writing using the format contained in enclosure (3). The Oral Board reporting requirements. Officers not recommended by the oral board will not be considered by the Command Screen Board.

7. Command Screening Board

a. NPC will conduct the formal Medical Department CO/XO Screening Board to consider all eligible Medical Department officers and select the best and fully qualified officers for command opportunities. Board precepts will be drafted and endorsed by Chief, BUMED and approved by Commander, Navy Personnel Command (COMNAVPERSCOM).

b. To meet operational requirements and/or unanticipated losses, a community flag leader may recommend, on a case-by-case basis, administrative screening of an individual officer to the Chief, BUMED in conjunction with Chief of Naval Personnel (CHNAVPERS).

8. Command Slating. An annual CO/XO slate will be prepared by NPC and BUMED senior leaders and approved by the Chief, BUMED.

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9. Required Orientation

a. Slated officers are required to attend the Prospective Commanding Officer (PCO) or Prospective Executive Officer (PXO) course at the Command Leadership School, Newport, RI, prior to reporting to their CO or XO assignment.

b. All PCOs and PXOs are required to attend a week long BUMED Orientation prior to or immediately after reporting to their CO/XO assignment. Requests for an attendance waiver for the group course will be reviewed on a case-by-case basis. Waiver requests must be submitted to the orientation coordinator for final approval by the Deputy Chief, BUMED. A waiver does not alleviate the PCO/PXO from attending BUMED Orientation. Those with approved waivers will be scheduled for an individual orientation by the orientation coordinator.

10. Responsibilities and Actions. Community Flag officers and COs will ensure qualified officers are mentored for SEM positions and encouraged to apply for command screening.

11. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (c).

12. Form. Medical Department officers who desire to request screening will find the form and additional information at: <https://wwwa.nko.navy.mil>. Once logged into NKO, go to the top far left drop down menu (showing organization and communities) and click on "Communities of Practice." On the Communities of Practice page in the lower right hand corner in a box entitled "Navy Medicine" click on "Navy Medicine" in the list, which will take you to the Navy Medicine Web page. From the selection on the left hand of the screen click on the "Senior Executive Medicine (SEM) entry; this will take you to the SEM page. Complete steps 1 through 3 located on the right side of the page in their entirety and follow the submission requirements within the guidelines.



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Distribution is electronic only via the Navy Medicine Web Site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

ACRONYMS

AQD	Additional Qualification Designator
BCA	Body Composition Assessment
BUMED	Bureau of Medicine and Surgery
CHNAVPERS	Chief of Naval Personnel
CO	Commanding Officer
CoCC	Council of Corps Chiefs
COMNAVPERSCOM	Commander, Navy Personnel Command
ISIC	Immediate Superior in Charge
JPME	Joint Professional Military Education
MTF	Medical Treatment Facility
NPC	Navy Personnel Command
PCO	Prospective Commanding Officer
PCS	Permanent Change of Station
PFA	Physical Fitness Assessment
PXO	Prospective Executive Officer
SEM	Senior Executive Medicine
T-AH	Hospital Ship
TMO	The Medical Officer
XO	Executive Officer

SENIOR EXECUTIVE MEDICINE CATEGORIES/COMMANDS

MEDICAL TREATMENT FACILITIES	
HOSPITALS	
NH Jacksonville	USNH Okinawa
NH Pensacola	USNH Yokosuka
NH Camp Pendleton	USNH Naples
NH Camp Lejeune	USNH Rota
NH Bremerton	USNH Sigonella
NH Twentynine Palms	USNH Guantanamo Bay
NH Lemoore	USNH Guam
NH Oak Harbor	NMC Portsmouth
NH Beaufort	NMC San Diego
NAVAL HEALTH CLINICS	
NHC Naval Academy	NHC Charleston
NHC Hawaii	NHC New England
NHC Patuxent River	NHC Quantico
NHC Corpus Christi	FHCC Lovell (Great Lakes)
NHC Cherry Point	
JOINTLY STAFFED MTFs	
Walter Reed National Military Medical Center	Fort Belvoir Community Hospital
Tripler Army Medical Center	
HOSPITAL SHIPS	
USNS Mercy (T-AH 19)	USNS Comfort (T-AH 20)
RESEARCH ACTIVITIES	
Naval Medical Research Center	Naval Submarine Medical Research Laboratory
Naval Health Research Center	Naval Medical Research Unit 6-Lima
Naval Medical Research Unit 2-Pacific	Naval Medical Research Unit-San Antonio
Naval Medical Research Unit 3-Cairo	Naval Medical Research Unit-Dayton
US Army Medical Research and Materiel Command (Deputy Commander)	
SUPPORT ACTIVITIES	
Navy Medicine Professional Development Center (NMPDC)	Navy Medicine Operational Training Center (NMOTC)
Navy Medicine Training Support Center (NMTSC)	Navy Medicine Information Systems Support Activity (NAVMISSA)
Navy Medical Logistics Command (NMLC)	Navy and Marine Corps Public Health Center (NMCPHC)
Navy Expeditionary Medical Support Command (NEMSCOM)	Naval Ophthalmic Support and Training Activity (NOSTRA)
OPERATIONAL COMMANDS	
1ST MEDBN Camp Pendleton	1ST DENBN/NDC Camp Pendleton
2ND MEDBN Camp Lejeune	2ND DENBN/NDC Camp Lejeune
3RD MEDBN Okinawa	3RD DENBN/NDC Okinawa
FMTB-W Camp Pendleton	FMTB-E Camp Lejeune

BUMEDINST 1412.1A
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SAMPLE COMMAND SCREENING ORAL BOARD REPORT

DD MMM YYYY

From: Medical Department Command Screening Oral Board Senior Member
To: Head, Medical Department Officer Distribution Branch (PERS-4415)

Subj: COMMAND SCREENING ORAL BOARD REPORT ICO (Nominee)

Ref: (a) BUMEDINST 1412.1

1. Pursuant to reference (a), I acted as the senior member of a Medical Department Command Screening Oral Board on DD MMM YY to determine (nominee)'s fitness for command. The board members were _____ and _____. I certify that all members are of the rank Captain (O-6) or above with designator 2XXX, who are in command or have completed a command assignment, are senior to the candidate, and are not the candidate's reporting senior.
2. The board found (nominee) (qualified) (not qualified) per reference (a) for consideration before the command screening board.

Very Respectfully,

//s//

Board Senior Member

Copy to:
Applicant

Enclosure (3)