



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

IN REPLY REFER TO
BUMEDINST 1500.29B CH-1
BUMED-M7
4 Jan 2016

BUMED INSTRUCTION 1500.29B CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE COMMAND TRAINING PROGRAM

Encl: (1) Revised Page 3
(2) Revised Enclosure 3

1. Purpose. To transmit a new page 3 and new enclosure (3), which revises the documentation standards of training completion for medical treatment facilities and operational forces, and updates the acronym page.
2. Action. Remove page 3 and enclosure (3) of the basic instruction and replace with enclosures (1) and (2) of this change transmittal.
3. Records. Records created as a result of this change transmittal, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.
4. Retain. For record purposes, keep this change transmittal in front of the basic instruction.


C. FORREST FAISON III

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improving skills and performance of duties and responsibilities. To enhance Navy Medicine education and training capabilities, Department of Defense and DON references (a), and (c) through (e) provide for operational, organizational and readiness standards.

b. The Joint Commission evaluates and provides accreditation to Navy Medicine's healthcare organizations. Compliance with standards set by the Joint Commission requires every hospital staff member to describe and demonstrate proficiency based upon his or her specific job description, therefore, documentation of credentials, clinical skill and competencies are mandated. In addition, Navy MEDIG assesses health services' performance improvement, quality, safety, and related training per Bureau of Medicine and Surgery (BUMED) policies, and reference (b). Documented evidence of staff training status must be readily available for review.

c. Commands must develop and publish local training program policy, per reference (a). Striving for excellence in training compliance is the goal for all command assigned personnel (i.e., active duty, reservist, civilian, and Government contractors). Learning objectives for training programs will address, but not be limited to, command orientation, annual and sustainment training, and competencies according to the Navy Medicine's Training Matrix.

d. Training will include health services support in contingencies in all types of environments for effective force health protection. Training must address the individual, collective unit, and leadership skills required to perform individual assignments.

e. Command personnel are required to have appropriate information and training related to their current command, department, and unit, within 30 days of reporting and ongoing, as required. Initial command sponsored orientation, including the delivery of Navy Pride and Professionalism must be in compliance with reference (e), incorporating face-to-face communication to allow for dialog addressing concerns and questions as needed. Command Training Team Indoctrination (CTTI) facilitators, subject matter experts, or collateral duty officers will teach NP&P and command indoctrination, including specific local policies, procedures, and base services.

f. Command training courses will be identified, programmed, and accessible to all Navy Medical Department personnel (active duty, reservist, civilian, and government contractors). Web-based training is available on NKO through Navy e-Learning; the Navy Medicine LMS, Joint Knowledge Online portal; Defense Knowledge Online; and Enterprise Safety Applications Management System (ESAMS). Safety managers will continue to utilize ESAMS to assign, track, and report on safety related courses. Traditional classroom training options are managed through the local SEAT departments.

8. Documentation

a. Navy Medicine enterprise-wide LMS is the primary consolidated tool to document training for all Budget Submitting Office (BSO) 18 and Navy Medical Department personnel

ACRONYMS

BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
CTP	Command Training Plan
CTTI	Command Training Team Indoctrination
DON	Department of the Navy
ITR	Individual Training Records
ESAMS	Enterprise Safety Application Management System
FLTMPS	Fleet Training Management and Plan System
LMS	Learning Management System
MEDIG	Medical Inspector General
NKO	Navy Knowledge Online
NMETC	Navy Medicine Education and Training Command
NP&P	Navy Pride and Professionalism
OSO	Operational Support Office
SEAT	Staff Education and Training



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BUMED-M7
15 Oct 2015

BUMED INSTRUCTION 1500.29B

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE COMMAND TRAINING PROGRAM

Ref: (a) DoD Directive 1322.18 of 13 January 2009
(b) BUMEDINST 5040.2C
(c) OPNAVINST 3120.32D
(d) DoD Instruction 1322.24 of 6 October 2011
(e) OPNAVINST 1740.3C
(f) BUMEDINST 1500.25B

Encl: (1) Guidelines for Developing a Command Training Plan
(2) Sample Command Training Plan
(3) Acronyms

1. Purpose. To revise policy and procedures for planning, prioritizing, and documenting required training for all assigned personnel in efforts to enhance knowledge, skills and abilities, thereby optimizing organizational productivity and performance. To provide authority for commands to develop, implement, and manage total force medical training programs per reference (a). Total force training is essential in maintaining a competent and effective workforce capable of executing health service support. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 1500.29A.
3. Scope. Applies to Navy medical department personnel (active duty, reservist, civilian, and contract staff) for command required training. Government contractors may attend government sponsored training on a space available basis at no cost to the Government when such training is determined necessary by the commanding officer in consultation with the contracting officer.
4. Background. This instruction was established to provide guidance for command training standardization. Medical Inspector General (MEDIG) reports indicate inconsistencies in training, documentation, and oversight by parent commands per reference (b).
5. Action. Enclosure (1) is provided for staff education and training (SEAT) personnel. All questions regarding the Navy Medicine training matrix or training plan development should be directed to the Navy Medicine Education and Training Command (NMETC) SEAT Liaison Office.

6. Definitions

- a. Training Requirement. Training mandated by higher authority.
- b. Training Officer. Person(s) assigned to manage training and/or develop training plans.
- c. Training Program. A system of policies and resources to identify, analyze, plan, evaluate, and assure training readiness and completion.
- d. Competency. Knowledge, skills, abilities, experience, and behaviors that are needed to effectively perform a job.
- e. Navy Medicine Training Matrix. Navy Medicine's collective list of training annotated as being required, highly recommended, job specific, and/or unit specific. The Navy Medicine training matrix is divided into seven categories: administrative, clinical, operational readiness, professional development, resuscitative medicine, safety, and collateral. The content of the seven categories are further delineated on-line at the Navy Knowledge Online (NKO) SEAT community of practice page which is available at: <https://www.nko.navy.mil/group/seat-staff-education-training/home>.
- f. Command Training Plan (CTP). An overview of training courses and resources designed to enhance proficiency in the workplace. The authorized training officer will construct command specific training plans, which address the type of training, strategic goal, targeted audience, learning methods, resources, location of training, schedule of training activity, and associated cost to meet the respective command's training requirement. Guidelines for developing a CTP using Navy Medicine's training matrix can also be found on NKO as referenced above. The CTP will be built and reflected in the Navy Medicine Learning Management System (LMS) utilizing course offerings, in-services and learner events as appropriate based on course objectives and execution modalities utilized.
- g. Navy Medicine enterprise-wide LMS. A centralized, distributed learning medical education system that facilitates the standardization and distribution of regulatory, mandated, and locally developed training. The Navy Medicine enterprise-wide LMS provides a mechanism for tracking and recording of training completion, and will serve as the primary source for the execution, documenting, and reporting of training completion.

7. Policy

- a. Navy Medicine commands are required to plan, organize, and train to support Department of Navy's (DON) mission. Effective communication and constant readiness is a focus for education and training delivery. Special considerations should be given to the individual learner and their ever pivoting work and situational environments. To enhance Navy Medicine education and training capabilities, a variety of topics and learning options should be available. Professional growth and ongoing competency attainment assist personnel in

improving skills and performance of duties and responsibilities. To enhance Navy Medicine education and training capabilities, Department of Defense and DON references (a), and (c) through (e) provide for operational, organizational and readiness standards.

b. The Joint Commission evaluates and provides accreditation to Navy Medicine's healthcare organizations. Compliance with standards set by the Joint Commission requires every hospital staff member to describe and demonstrate proficiency based upon his or her specific job description, therefore, documentation of credentials, clinical skill and competencies are mandated. In addition, Navy MEDIG assesses health services' performance improvement, quality, safety, and related training per Bureau of Medicine and Surgery (BUMED) policies, and reference (b). Documented evidence of staff training status must be readily available for review.

c. Commands must develop and publish local training program policy, per reference (a). Striving for excellence in training compliance is the goal for all command assigned personnel (i.e., active duty, reservist, civilian, and Government contractors). Learning objectives for training programs will address, but not be limited to, command orientation, annual and sustainment training, and competencies according to the Navy Medicine's Training Matrix.

d. Training will include health services support in contingencies in all types of environments for effective force health protection. Training must address the individual, collective unit, and leadership skills required to perform individual assignments.

e. Command personnel are required to have appropriate information and training related to their current command, department, and unit, within 30 days of reporting and ongoing, as required. Initial command sponsored orientation, including the delivery of Navy Pride and Professionalism must be in compliance with reference (e), incorporating face-to-face communication to allow for dialog addressing concerns and questions as needed. Command Training Team Indoctrination (CTTI) facilitators, subject matter experts, or collateral duty officers will teach NP&P and command indoctrination, including specific local policies, procedures, and base services.

f. Command training courses will be identified, programmed, and accessible to all Navy Medical Department personnel (active duty, reservist, civilian, and government contractors). Web-based training is available on NKO through Navy e-Learning; the Navy Medicine LMS, Joint Knowledge Online portal; Defense Knowledge Online; and Enterprise Safety Applications Management System (ESAMS). Safety managers will continue to utilize ESAMS to assign, track, and report on safety related courses. Traditional classroom training options are managed through the local SEAT departments.

8. Documentation

a. Navy Medicine enterprise-wide LMS is the primary consolidated tool to document training for all Budget Submitting Office (BSO) 18 and Navy Medical Department personnel

(active duty, reservists, civilian, and government contractors), per reference (f). Training programs must effectively support Navy Medicine standards in tracking, monitoring, documenting, and reporting training data while maintaining integrity, security, and preserving resources.

b. Training reports can be printed out and maintained by the command training department as documented evidence of training compliance. Command policies must indicate processes and alternative methods of recording training in instances of limited LMS, Fleet Training Management and Plan system (FLTMPS) or electronic access. Staff members will have an individual training record (ITR) to host documentation of training and competency assessments. Acceptable ITR format can be digital, hardcopy, or a combination of the two. Each command will determine the acceptable standardized format for their ITR system and develop local instruction to support its function.

9. Responsibility

a. BUMED Education and Training (BUMED-M7) must:

(1) Coordinate with NMETC, other uniformed medical departments and Federal agencies on education and training policy issues and proven practices to enable a high performance workforce.

(2) Develop, update, and oversee Navy Medicine training and education policy per references (a) and (c) through (e).

(3) Propose strategic plan for quality improvement.

(4) Provide consultation and guidance.

(5) Supervise and monitor enterprise-wide training compliance, providing leadership briefs annually or as requested.

(6) Provide administrative, technical, and systems guidance for the Navy Medicine LMS reporting.

b. NMETC must:

(1) Oversee course content review and lifecycle management. Collaborate with commands to ensure appropriate and effective instruction design.

(2) Provides curriculum development, support, training, and guidance as needed.

(3) Announce all changes to Navy Medicine CTP.

(4) Ensure the SEAT Liaison Office reviews and updates the Navy Medicine training matrix annually, ensuring subordinate commands are aware of the changes.

(5) Enter and maintain all required courses with associated competencies in the Navy Medicine LMS.

(6) Collect, track, and report BUMED Headquarters (HQ) and the region's training compliance to BUMED-M7 quarterly using the reporting matrix from Navy Medicine LMS.

c. BUMED HQ and Regions must:

(1) Assess and assure availability of resources to meet Navy Medicine training and education goals.

(2) Appoint a training officer or director in writing and establish responsibilities per command policy.

(3) Monitor and track training compliance quarterly using the reporting matrix from Navy Medicine LMS.

d. Navy Medicine Commanders, Commanding Officers, and Officers in Charge must:

(1) Implement a formal training program based on Navy Medicine command mission and environment for all personnel including branch clinics (i.e., all active duty, reservist, civilian, and Government contractors).

(a) Exercise accountability and develop local policies.

(b) Appoint a training officer or department head in writing and establish responsibilities per local policy.

(c) Evaluate medical training program effectiveness and readiness on an ongoing basis.

(d) Conduct periodic evaluations for documented training records and competencies.

(e) Monitor and track training compliance using the reporting matrix from Navy Medicine LMS.

(2) Ensure SEAT Personnel:

- (a) Are properly trained to use the Navy Medicine LMS and the Navy Medicine Training Matrix.
 - (b) Assess training compliance, initially, then quarterly, or more frequently as required for all assigned personnel, to include branch clinics (i.e., active duty, civilian, and government contractors). Reserve personnel will contact the Reserve Operational Support Office (OSO) upon arriving to a BSO-18 activity.
 - (c) Create command specific orientation and ongoing training plans utilizing the Navy Medicine training matrix as a guide and resource of applicable courses. Guidelines for designing a training plan using the Navy Medicine training matrix can be found on the NKO SEAT Web site and enclosure (1). Sample Command Training Plan is located in enclosure (2).
 - (d) Provide support and coordination to local training events as needed.
 - (e) Document and track command training requests, attendance and completions in the Navy Medicine LMS. Ensure that courses not available in the Navy Medicine LMS are manually documented. Ensure Navy reservist training, completed while at the BSO-18 activity, is documented in the Navy Medicine LMS. Refer reservist personnel to the Reserve OSO to assure externally and previously completed training is documented appropriately.
 - (f) Report the required training compliance status to commanding officers quarterly or as requested using the reporting matrix from Navy Medicine LMS.
 - (g) Consult with NMETC SEAT Liaison Office as needed.
- e. Head, SEAT Department must:
- (1) Coordinate development of the CTP through collaboration with command leadership, directors, department heads, division officers, clinical nurse educators, senior enlisted leadership, and other departmental training coordinators to identify and vet command-wide educational needs. Provide consultation for the process of outlining specifications of new training requirements or modifications to existing training for higher level review/approval.
 - (2) Work closely with command leadership, performance improvement, risk management staff in identifying new and ongoing training requirements for staff. Ensure training representation on command committees to assist in addressing training issues.
 - (3) Coordinate command orientation activities. Ensure new staff attend onboard orientation activities and ensure attendance is documented. Monitor attendance compliance and reports status to command leadership.

(4) Oversee command ITR program. Monitor documentation and compliance of command ITRs on a quarterly basis or as requested. Provide command leadership with report of findings to support compliance with established documentation requirements. Provide feedback to division/departmental training representatives on status of ITR documentation as applicable.

(5) Provide guidance to the department head/training officer community to support the effective planning, implementation, assessment and documentation of staff qualifications and competencies for their respective departments.

(6) Ensure education and training staff are properly trained to use the Navy Medicine LMS, FLTMPS, and the Navy Medicine training matrix. Utilize these tools to assess training compliance, initially, annually, or more frequently as required for all assigned personnel (i.e., active duty, reservist, civilian, and government contract staff), to include branch clinics.

(7) Create command specific orientation and ongoing training plans utilizing the Navy Medicine training matrix as a guide and resource of applicable courses. Guidelines for designing a training plan using the Navy Medicine training matrix can be found on the NKO SEAT Web site: <https://www.nko.navy.mil/group/seat-staff-education-training/home> and enclosure (1). Sample CTP is located in enclosure (2).

(8) Provide support and coordination to local training events as needed.

(9) Document and track command training requests, attendance and completions in the Navy Medicine LMS, FLTMPS, or other designated databases. Ensure that courses not previously recognized in the Navy Medicine LMS are identified and communicated to NMETC SEAT Liaison for processing. Ensure Navy reservist training, completed while at the BSO-18 activity, is documented in the Navy Medicine LMS, FLTMPS or other designated databases.

(10) Report the required training compliance status to commanding officers when appropriate utilizing the Navy Medicine LMS, FLTMPS or other designated tracking platforms.

(11) Consult with NMETC SEAT Liaison Office as needed.

f. Reserve OSO must:

(1) Liaise with professional affairs, NMETC Reserve Education and Training Liaison Officer, and training departments to validate required command training for Reservists.

(2) Document validated externally acquired command related training into Navy Medicine LMS upon reporting for active training at the BSO-18 activity.

BUMEDINST 1500.29B
15 Oct 2015

10. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

11. Reports. The reports required in this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7(k).



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GUIDELINES FOR DEVELOPING A COMMAND TRAINING PLAN

The following basic steps will aid SEAT representatives design or adapt a CTP when using the Navy Medicine Training Matrix. The Navy Medicine's Training Matrix located at : <https://www.nko.navy.mil/group/personal-development/gmt>. Changes to the CTP should be made as new training needs are identified and validated. Contact the NMETC SEAT Liaison Office for additional guidance.

1. Identify the training needs for the command.
 - a. Conduct a training needs assessment; recommend it be completed at least 3 months prior to the beginning of the training year. Training year can be either calendar year or fiscal year. Implement and evaluate training program for quality improvements.
 - (1) Conduct a training needs assessment through collaboration with command leadership, directors, department heads, division officers, clinical nurse educators, senior enlisted leadership, performance improvement, quality/risk management staff, and departmental training coordinators in identifying issues that necessitate a potential training solution.
 - (2) Provide guidance on the process of outlining specifications of new training requirements or modifications to existing training.
 - b. Review the Navy Medicine Training Matrix for any and all required courses.
 - c. Consult with the local risk management, human resources, and other departments as needed to further identify the training for respective command personnel.
 - (1) Ensure that ongoing collaboration is maintained with command leadership, directors, department heads, division officers, clinical nurse educators, senior enlisted leadership, performance improvement, risk management staff, and departmental training coordinators to continuously identify new training requirements for respective command personnel.
 - (2) Amend the current CTP when new training requirements are identified to ensure compliance.
 - d. Employ other resources as necessary, such as previous year's CTPs, to provide direction and prediction for the planned year's CTP.
2. Create the CTP of required training activities. The CTP must consist of but not be limited to the following components:
 - a. Command orientation (consult reference (e)).

- b. Resuscitative Medicine and Skills Development training.
 - c. Annual Training.
3. Obtain approval from the commanding officer to implement newly designed training plan.
 4. Schedule and publish the planned courses.
 - a. Disseminate the CTP to the command, ensuring notification to all hands.
 - b. Ensure scheduling of the specified courses is entered into designated LMS (i.e., BSO-18) to facilitate student self-enrollment, as well as recordation of course completion.

Note: Always check for recent updates to the Navy Medicine Training Matrix and consult with NMETC, SEAT Liaison Office staff as needed.

(Your Command Name Here)

SAMPLE COMMAND TRAINING PLAN

Course Title	CIN #/ACRONYM	LOCATION	REQUIREMENT	staff	All	tary	Milit	han	Civ	ic	Chie	's	HM	er	Oth	FREQUENCY	ADDITIONAL NOTATIONS
Command Indoctrination	CIP-1	SEAT	OPNAVINST 1740.3C	X												Initial	Goal is to be completed prior to working
DoD Information Assurance Awareness	DOD-IAA-V5.0	LMS	NAVMED POLICY 07-009	X												Annual	All staff with computer access; Prerequisite for Individual Augmentee
Records Management	DOR-RM-010	LMS	DON CIO Msg: DTC 071731Z AUG 08	X												Annual	All DON employees w/computer access
Trafficking in Persons Basic Awareness Training	JKDDC-TIP-1	LMS	NAVMED POLICY 07-009 & NAVINST 2037.10	X												Annual	Individual Augmentee Prerequisite & Annual Training for all staff
ATFP Level I Awareness Training (CONUS)	AT level 1 or CANSF-ATFP-CONUS-1.0	LMS	OPNAVINST 1740.53C & OPNAVINST 2037.10	X												Annual	
ATFP Level I Awareness Training (OCONUS)	CANSF-ATFP-OCONUS 1.0	LMS	NAVMED POLICY 07-009				X									Prior to transfer	Individual Augmentee Prerequisite Training
Basic Life Support Health Care Provider	BLS-HCP	LMS	OPNAVINST 6400.1C							X						2 years	Req for all clinicians to include dentists, physicians, nurses, NPs, PAs & IDCs
Basic Life Support Heart Saver AED	Heartsaver AED	LMS	OPNAVINST 6400.1C				X	X								2 years	Req for military; civilians encouraged
Tactical Combat Casualty Care Provider	TCCC-P	SEAT	OPNAVINST 6400.1C				X					X				3 years	All HMs E-7 and below, including IDCs; providers prior to deployment

ACRONYMS

BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
CTP	Command Training Plan
CTTI	Command Training Team Indoctrination
DON	Department of the Navy
ITR	Individual Training Records
ESAMS	Enterprise Safety Application Management System
FLTMPS	Fleet Training Management and Plan System
LMS	Learning Management System
MEDIG	Medical Inspector General
NKO	Navy Knowledge Online
NMETC	Navy Medicine Education and Training Command
NP&P	Navy Pride and Professionalism
OSO	Operational Support Office
SEAT	Staff Education and Training