BUMED INSTRUCTION 1500.29C

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 5040.2D
     (c) OPNAVINST 3120.32D
     (d) DoD Instruction 1322.24 of 6 October 2011
     (e) OPNAVINST 1740.3D
     (f) DHA Procedural Instruction 1025.01 of February 16, 2017
     (g) OPNAVINST 3500.39C

Encl: (1) Guidelines for Developing a Command Training Plan

1. **Purpose.** To provide policy and procedures for planning, prioritizing, and documenting required training for all assigned personnel to enhance knowledge, skills, and abilities; and to optimize organizational productivity and performance. Provides authority for commands to develop, implement, and manage total force medical training programs per reference (a). This instruction is significantly revised and should be reviewed in its entirety.

2. **Cancellation.** BUMEDINST 1500.29B.

3. **Scope.** Applies to Budget Submitting Office (BSO) 18 Navy Medical Department personnel (active duty, reserve, 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 standardize command training and its documentation, and to emphasize parent command oversight per reference (b).

5. **Action.** Enclosure (1) assists active duty and reserve staff education and training (SEAT) personnel in development of a command training plan.

6. **Definitions**

   a. **Training Requirement.** Training mandated by higher authority.
b. **Training Officer.** Person(s) assigned to manage training and 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 identified as being required, highly recommended, job- or unit-specific. The Navy Medicine training matrix is divided into eight categories: administrative, civilian, clinical, operational readiness, professional development, resuscitative medicine, safety, and collateral. The latest Navy Medicine training matrix can be accessed at Navy Medicine SEAT milBook page within MilSuite at [https://login.milsuite.mil/](https://login.milsuite.mil/) via keyword search “NMETLC SEAT.” Select the “NMETLC SEAT” portal link and perform keyword search “training matrix” to access the desired document.

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 the CTP. The MilSuite site, described above, includes guidelines for developing a CTP. The CTP may be built and housed in Navy Medicine’s Swank HealthCare Learning Management System (LMS), Fleet Training Management and Planning System (FLTMPS), or other designated databases.

g. **Navy Medicine Enterprise-Wide LMS.** Swank HealthCare facilitates standardization and distribution of regulatory, mandatory, and locally developed training and provides a mechanism to track and record training completion. It is the primary source for training execution, documentation, and reporting and is located at [https://navy.swankhealth.com](https://navy.swankhealth.com).

7. **Policy**

a. Navy Medicine commands plan, organize, and train to support the Department of the Navy’s mission. To enhance Navy Medicine education and training capabilities, references (a), and (c) through (f) provide operational, organizational, and readiness standards.

b. The Joint Commission evaluates and accredits Navy Medicine healthcare organizations. Joint Commission standards require every hospital staff member to demonstrate proficiency based upon his or her specific job description; therefore, documentation of credentials, clinical skills, and competencies are mandated. Per reference (b), the Navy Medical Inspector General assesses health service performance improvement, quality, safety, and related training per Bureau of Medicine and Surgery (BUMED) policies. Documented evidence of staff training must be readily available for review. Staff members are required to maintain an individual training record, hard copy or digital, to document training and competency.
c. Commands will develop and publish a local training program policy. CTPs will address, but not be limited to, command orientation, annual and sustainment training, and competencies.

d. Command personnel are required to have appropriate onboarding orientation and training related to their current command, department, and unit within 30 days of reporting onboard and, if required by the command, on a recurring basis.

e. RC members on active duty orders for greater than 29 days must report to the assigned command’s training department for orientation and integration. At the completion of active duty, RC members must out process through the training department and obtain documentation of all training completed. Members will provide their training completion document to their RC unit training department for proper unit documentation and tracking.

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

8. Documentation

a. FLTMPS is the primary tool used to track Navy enterprise-wide training. Swank HealthCare is the consolidated tool to document training for all BSO 18 and Navy Medical Department personnel (active duty, reserve, civilian, and government contractors). Reserve Medicine may opt to use the system of record dictated by Commander, Navy Reserve Forces Command, however, compliance with training guidance in this instruction is required.

b. Certificates of completion are the responsibility of the individual staff member and are required for continuing medical education and continuing education unit purposes, and to document completion of a training course. Commands are not required to maintain certificate copies unless specifically required by higher authority.

9. Responsibility

a. Assistant Deputy Chief, Education and Training (BUMED-M7) must:

(1) Coordinate with Navy Medicine Education, Training and Logistics Command (NAVMED ED TRN LOG CMD), other Service medical departments, and Federal agencies on education and training policy issues and practices.
(2) Develop, update, and oversee AC and RC training and education policy per references (a), and (c) through (f).

(3) Engage with Navy Medical Inspector General quarterly to discuss command training trends and to target areas for enterprise improvement.

(4) Publish BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise Wide Course Assignment Schedule as soon as possible after the Office of the Chief of Naval Operations (OPNAV N1) releases the naval administrative message for the next fiscal year’s general military training schedule. The annual notice is available at http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx.

(5) Serve as Navy Medicine’s central point of contact for changes to content in the active fiscal year’s published BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise Wide Course Assignment Schedule.

(6) Provide amplifying training guidance as needed to Navy Medicine commands.

(7) Supervise and monitor enterprise-wide training compliance and brief leadership annually on compliance metrics.

b. Commander, Navy Medicine Education, Training and Logistics Command and Commander, Navy Reserve-Navy Medical Education Training and Logistics Command must:

(1) Manage Swank HealthCare and provide administrative, technical, and systems guidance as required.

(2) Provide curriculum development, support, training, and guidance as needed. Oversee electronic course content review and lifecycle management. Collaborate with commands to ensure appropriate and effective instructional design.

(3) Announce all changes to Navy Medicine CTP.

(4) Ensure the SEAT Program Management Department will:

(a) Review and update the Navy Medicine training matrix annually, and ensure subordinate commands are aware of changes.

(b) Maintain Navy Medicine SEAT’s milBook page site and content within MilSuite at https://login.milsuite.mil/.

(5) Enter and maintain all required courses with associated competencies in Swank HealthCare.
6. Collect, track, and report BUMED Headquarters and echelon 3 command training compliance quarterly to BUMED-M7 using Swank HealthCare’s reporting matrix. For RC members, Navy Reserve NAVMED ED TRN LOG CMD manages this functional responsibility and reports compliance to BUMED-M7 via Reserve Policy and Integration (BUMED-M10).

c. BUMED Director for Administration and Navy Medicine Echelon 3 Commanders must:

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

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

   (3) Provide training requirements guidelines and establish procedures by which duplicative training is adjudicated.

   (4) Monitor and track training compliance and assignment schedules from FLTMPS and Swank HealthCare quarterly.

   (5) Provide feedback to NAVMED ED TRN LOG CMD SEAT Program Management Department to help develop and update Navy Medicine training and education policy per references (a), and (c) through (f).

   (6) Supervise and monitor command-wide training compliance.

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, reserve, civilian, and government contractors).

   (2) Exercise accountability and develop local policies. Appoint in writing a training officer or department head and establish responsibilities per local policy.

   (3) Ensure evaluations are performed on training records and competencies as part of an individual training record management program.

   (4) Monitor and track training compliance to ensure readiness.

   (5) Ensure SEAT Personnel or Training Departments:

      (a) Are properly trained to use FLTMPS, Swank HealthCare, electronic training systems, 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.

(c) Create command specific orientation and ongoing training plans utilizing enclosure (1) and the Navy Medicine training matrix to guide these efforts.

(d) Ensure operational risk management is an integral part of orientation, indoctrination, and training for all military and civilian personnel per reference (g).

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

(f) Consult with regional training officers and, as needed, NAVMED ED TRN LOG CMD SEAT Program Management Department.

10. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M7 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

11. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

12. Information Control Management. The reports required in paragraph 7 are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, paragraph 7k.

\[Signature\]

TERRY J. MOULTON
Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site: [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx).
GUIDELINES FOR DEVELOPING A COMMAND TRAINING PLAN

The following guidelines will aid SEAT representatives to design or adapt a CTP when using the Navy Medicine training matrix. Navy Medicine’s training matrix is located at Navy Medicine’s SEAT milBook page at https://login.milsuite.mil. Changes to the CTP should be made as new training needs are identified and validated. For additional guidance on CTPs, contact the respective echelon 3 command SEAT point of contact. The SEAT point of contact list is found at https://www.milsuite.mil/book/docs/DOC-381748.

1. Identify the training needs for the command.
   a. Conduct a training needs assessment at least 3 months prior to the beginning of the fiscal year training cycle. Implement and evaluate the training program for quality improvements.
      (1) Collaborate with command leadership, directors, department heads, division officers, clinical nurse educators, senior enlisted leadership, performance improvement, quality and risk management staff, and departmental training coordinators. Thorough collaboration is key to identifying issues that may necessitate a training solution.
      (2) Provide instruction regarding local procedures to identify new training requirements or modifications to existing training.
   b. Review Navy Medicine’s annual BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise Wide Training Assignments Schedule, for all required courses.
   c. Consult with local Risk Management, Human Resources, and other departments as needed to further identify training requirements for command personnel.
   d. Employ other resources, such as the prior year’s CTP, to provide direction and prediction for the next 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.
   d. Operational Risk Management.

3. Obtain approval from the commanding officer to implement each revised training plan.

Enclosure (1)
4. Schedule and publish the CTP.
   
a. Disseminate the CTP to the command, ensuring notification to all hands.
   
b. Ensure scheduling of the specified courses is entered into the designated LMS (i.e., BSO 18) to facilitate student self-enrollment as well as documentation of course completion.