



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1524.2

BUMED-M7

21 Apr 2004

BUMED INSTRUCTION 1524.2

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department Personnel

Subj: MEDICAL EDUCATION POLICY COUNCIL (MEPC)

Ref: (a) BUMEDINST 1524.1B  
(b) SECNAVINST 5214.2B

Encl: (1) Graduate Medical Education Program and Change Proposal Format

1. Purpose. To define roles and responsibilities for developing, reviewing, and approving policies for Navy-sponsored graduate and postgraduate medical education.
2. Cancellation. BUMEDINST 1520.31C.
3. Objectives. The MEPC was established to coordinate the medical education policy development process involving all levels of the organizational hierarchy: program directors who manage graduate medical education (GME) programs at teaching hospitals; program managers at the Navy Medical Education and Training Command (NMETC), Bethesda, MD; Bureau of Medicine and Surgery (BUMED) specialty leaders; resource and operational managers at BUMED; and assignment and distribution personnel assigned to the Navy Personnel Command (NAVPERSCOM). The MEPC provides a forum to address issues affecting programs governed by reference (a) and develop GME policy recommendations for consideration by the Chief, BUMED.
4. Discussion. Medical education policy issues include proposals to establish, close, or modify GME programs, such as extending program length or increasing or decreasing the number of residents; trainee selection methods or parameters; GME training billet distribution; proposals for program affiliation, sponsorship, or integration; accreditation issues; and joint service GME initiative activities. An issue for the MEPC may originate at any level in the Navy Medicine organization and is appropriate for the council when an action is desired regarding the above areas.
5. GME Issue Review and Approval Process
  - a. A GME issue is documented using the format of enclosure (1) for a program issue, or using a point paper format for a policy issue. Enclosure (1) is available electronically as a Word document at: <http://navalmedicine.med.navy.mil/default.cfm?seltab=directives> and selecting the "Sample Formats" tab.

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b. The issue document must be reviewed and endorsed by the appropriate specialty leader and the commanding officer or commander of the medical treatment facility (MTF) if an inservice training issue or program is involved, and an action officer identified.

c. The action officer then submits the issue to NMETC Director for Medical Corps Programs who may coordinate further staffing, include the issue on an MEPC agenda, and request the action officer present the issue to the MEPC.

d. The MEPC discusses the issue, consults specialty and technical leaders and operational units as appropriate, and formulates recommendations for consideration by the Chief, BUMED.

e. MEPC recommendations are included in the minutes of the MEPC meeting, with approval and signature blocks provided for the Chief, BUMED.

f. MEPC minutes are prepared by NMETC, endorsed by the Chief, Navy Medical Corps, and forwarded to the Chief, BUMED for review and approval.

g. MEPC minutes may include MEPC action items, decisions made, or actions taken within the purview of the MEPC.

h. The Chief, BUMED approves, disapproves, or comments on each recommendation and provides additional guidance or comments on other issues that may have been forwarded with the MEPC minutes.

i. By approving the MEPC minutes, the Chief, BUMED assigns the identified action officers to coordinate all actions required to implement the approved recommendations, and to report the status of the issues periodically to NMETC.

6. MEPC Membership. The MEPC consists of the following participants:

a. Members

- (1) Chief, Navy Medical Corps (M09BMC) – Chair.
- (2) Deputy Chief, BUMED Resource Management/Comptroller (M8).
- (3) Deputy Chief, BUMED Fleet Operations Support (M3F).
- (4) Deputy Chief BUMED, Medical Operations Support (M3M).
- (5) Deputy Chief BUMED, Education and Training (M7).
- (6) Deputy Chief BUMED, Manpower and Personnel (M1).

(7) Director for Medical Corps Programs, NMETC - Executive Secretary.

(8) Director of Medical Education (DME) from each multidisciplinary teaching hospital.

(9) Specialty Leader for Family Practice to represent the family practice teaching hospitals.

(10) Specialty Leader for Interns.

(11) Medical Officer of the Marine Corps.

(12) Fleet Surgeon, U.S. Atlantic Fleet.

(13) Fleet Surgeon, U.S. Pacific Fleet.

b. Advisors. The MEPC seeks counsel and advice from any source essential to achieve its assigned responsibilities. Generally, assistance is necessary from personnel experts assigned to NAVPERSCOM; manpower, professional development, and planning personnel assigned to BUMED; and, as required, from academic experts within and external to the naval service; and from officials assigned to the staff of the Assistant Secretary of Defense for Health Affairs.

## 7. Responsibilities

a. Chief, BUMED reviews the MEPC minutes and approves, disapproves, or comments on MEPC recommendations and provides amplifying guidance for MEPC issues.

b. Chief, Navy Medical Corps chairs the MEPC, monitors GME policy implementation and program management functions, submits MEPC minutes and presents MEPC issues and recommendations to the Chief, BUMED.

c. Deputy Chief BUMED, Education and Training oversees GME policy, planning, and administration.

d. Director, Medical Corps Programs, NMETC provides or coordinates required support to implement BUMED GME policy decisions and exercises oversight and review of all Medical Corps professional programs. As a member of the MEPC, participates in the development of education and training policies for the Medical Corps, serves as executive secretary of the MEPC, and manages all MEPC preparation and follow-up activities.

e. Commanders and Commanding Officers of MTFs Sponsoring GME Programs ensure potential changes to GME programs in their facilities are fully staffed, reviewed by their GME Committee and the appropriate BUMED specialty leader before endorsement and submission to NMETC for presentation to the MEPC, and recommended changes are not implemented before approval by the Chief, BUMED.

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f. The DME at each teaching hospital, as Chair of the GME Committee at that MTF, exercises oversight and review of accreditation status of all hospital GME programs and ensures GME issues are fully staffed, thoroughly reviewed, and appropriately submitted to the MEPC. The DMEs serve as members of the MEPC and will present their GME issues to the MEPC.

g. Residency program directors submit proposals and obtain endorsements from the MTF GME Committee, the MTF commander or commanding officer, and the BUMED specialty leader before submitting to NMETC for presentation to the MEPC.

h. BUMED specialty leaders review, endorse, and provide comments and a recommendation for all proposals regarding training in their specialties and subspecialties that are to be submitted to the MEPC for consideration.

#### 8. MEPC Functions

a. Reviews, evaluates, and advises the Chief, BUMED regarding all Navy-specific joint service GME initiatives.

b. Initiates, reviews, and evaluates Medical Corps professional education policy proposals including all proposals to establish, discontinue, or modify GME programs. Proposed program modifications must include an assessment of the capability to implement the modification within current or projected structure and resources, or recommend alternative methodologies to achieve the proposed change.

c. Assures proposals have been coordinated with MTF commanders and commanding officers, BUMED specialty leaders, appropriate staff medical officers assigned to major operational commanders, as required, and with staff officers assigned to the Bureau of Naval Personnel or other external agencies, as appropriate.

d. Monitors actions taken to implement approved MEPC recommendations.

e. Reviews the accreditation status of all GME programs and addresses associated issues.

f. Reviews the annual Graduate Medical Education Selection Board plans and procedures to validate consistency with program policies and to identify potential issues for consideration by the MEPC.

g. Meets at the call of the Chair, not less than two times a year.

#### 9. MEPC Executive Secretary Functions

a. Coordinates all aspects of each meeting, including presentation scheduling, funding for travel, space requirements, preparing and assembling the meeting briefing books, and necessary clerical and administrative support.

- b. Assures review of proposals by appropriate specialty leaders, program directors, MTF commanders, commanding officers, and staff officers.
- c. Prepares an agenda from the items submitted and documented using enclosure (1) or the point paper format, and from guidance received from the Chief BUMED, the Chair of the MEPC, or the Deputy Chief BUMED, Education and Training.
- d. Monitors status of proposals and approved actions and prepares a summary for review at each MEPC meeting.
- e. Prepares minutes of proceedings and forwards for the Chair's endorsement and Chief, BUMED's approval.
- f. Disseminates approved minutes of proceedings.

10. Report Exemption. The requirements contained in this instruction are exempt from reports control by reference (b), part IV, paragraph G8.



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Available at: <http://navalmedicine.med.navy.mil/default.cfm?selTab=Directives>

**GRADUATE MEDICAL EDUCATION  
PROGRAM AND CHANGE PROPOSAL FORMAT**

1. Specialty Program: Site:
2. Action Officer: Date:
3. Proposal: (Short title for this proposal)
4. Issue: (Why is this a current issue?)
5. Problems: (What are the reasons a change is needed?)
6. Background: (What is the historical context?)
7. Alternatives Considered: (How could this issue be addressed?) Include the positive and negative impacts on each of the following:
  - a. Requirements (billets, manpower, and funds). Use Business Case Analysis where appropriate.
  - b. Service needs.
  - c. Other training programs.
  - d. Current and future trainees.
  - e. Detailing process.
  - f. Accreditation.
  - g. Full-time inservice, full-time outservice, other Federal institution, and deferment programs.
  - h. Faculty profile.
8. Action Recommended: (Which alternative should be chosen and why is it justified?)
9. Implementation Plan: (What is the proposed plan of action and milestones?)