



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

IN REPLY REFER TO
BUMEDINST 5420.12E
BUMED-M00C
29 Sep 2014

BUMED INSTRUCTION 5420.12E

Subj: ROLE AND RESPONSIBILITIES RELATED TO MEDICAL DEPARTMENT
SPECIALTY LEADERS

Ref: (a) BUMEDINST 5312.3
(b) BUMEDINST 5216.17
(c) RESPERS M-1001.5, Navy Reserve personnel Manual (RESPERSMAN)

Encl: (1) Responsibilities of Medical Department Specialty Leaders
(2) Specialty Leader Selection Criteria and Process
(3) Sample Appointment Letter

1. Purpose. To provide the role, responsibilities, and selection criteria for Medical Department specialty leaders. References (a) and (b) are provided as additional guidance. This is a complete revision and should be read in its entirety.

2. Cancellation. BUMEDINST 5420.12D.

3. Scope. All commands and activities with Medical Department personnel.

4. Background. Specialty leaders are critical to the community management and leadership of Navy Medicine. Technical and professional knowledge and experience of senior personnel in each of the Medical Department disciplines is required to ensure specialty interests are linked to and aid sound management decisions within Navy Medicine.

5. Authority. Specialty leaders are delegated the authority appropriate to accomplish their mission within statutory, regulatory, and policy constraints. Specialty leaders are authorized to establish and maintain direct liaison with other Services, federal agencies, professional and naval organizations, societies, and associations. Specialty leaders serve in an advisory position that does not dilute primary legal or regulatory responsibilities of the military command structure. The position of specialty leader should be recognized as an additional duty and treated accordingly. Specialty leaders receive direction from and report to Chief, Bureau of Medicine and Surgery (BUMED) via their respective Corps Chief. Specialty leaders must keep their commanding officers and respective Corps Chiefs fully informed of their activities.

6. Responsibilities

a. Specialty Leaders

(1) Provide expert advice to Chief, BUMED and respective Corps Chief as it relates to the specialty in which they are appointed.

(2) While focusing on the mission of Navy Medicine, specialty leaders will perform the roles and responsibilities found in enclosure (1) and maintain the selection criteria in enclosure (2).

b. BSO-18 Commanders, Commanding Officers, and Officers in Charge

(1) Budget for and provide funded travel for specialty leader functions as mission allows.

(2) Budget for and provide standard office supplies, electronic or telephonic communication capabilities, and administrative support to facilitate specialty leader communication as mission allows.

(3) Identify and record specialty leader function costs, so a budget base transfer may be done whenever the function transfers to another command because of a change in incumbency.

(4) Provide adequate time to conduct specialty leader responsibilities as mission allows.

c. Reserve Component Commanders, Commanding Officers, and Officers in Charge

(1) Provide reasonable drill credit per reference (c), available at:
http://www.vr59.com/assets/resper-m-1001_5.pdf.

(2) Provide standard office supplies, electronic or telephonic communication capabilities, and administrative support to facilitate specialty leader communication as capable.

d. Navy Medicine Corps Chiefs, Deputy Corps Chiefs, and Reserve Affairs Officers

(1) Determine which specialties require specialty leaders.

(2) Nominate individuals to serve as specialty leaders.

(3) Provide direction and monitor specialty leader functions.

(4) Serve as the primary liaison between Chief, BUMED and the Medical Department specialty leader.

(5) Maintain an active roster of Medical Department specialty leaders.

(6) Prepare an appointment letter for signature by Chief, BUMED following the sample found in enclosure (3).

(7) Maintain a Specialty Leader Indoctrination Program.

(8) Notify the specialty leader of requirements for replacement no later than 4 months prior to end of tenure.

7. Reports. The reports required in enclosure (1), paragraphs 8 and 10 are exempt from reports control per SECNAV M-5214.1 of 1 December 2005, Part IV, paragraph 7j.
8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.



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**RESPONSIBILITIES OF MEDICAL DEPARTMENT
SPECIALTY LEADERS**

Under the direction of Chief, Bureau of Medicine and Surgery (BUMED) and respective Corps Chief, specialty leaders must:

1. Serve as the subject matter expert and specialty advocate for specialty-specific concerns providing assistance to Chief, BUMED and their respective Corps Chief.
2. Maintain proficiency in the specialty represented.
3. Provide global representation for the specialty within the Navy, with Service partners, and other professional organizations.
4. Make recommendations, in coordination with the Corps Chiefs Office (BUMED-M00C) and Total Force (BUMED-M1), for specialty-specific accession and performance standards for the appropriate Corps Chief and professional review boards, as needed.
5. Give advice and make recommendations to BUMED-M1 for specialty-specific programs, billets, and personnel. This would include recommendations on the design, development, and implementation of enterprise-wide functional staffing solutions, distributions, and benchmarks.
6. Appoint, in writing, specialty reviewers for case specific medico-legal review, interpretation, evaluation, and advice, as needed.
7. Notify respective Corps Chief and make recommendations for an acting specialty leader when leave, temporary additional duty (TAD), deployment, or other non-availability will cause inaccessibility for greater than 2 weeks.
8. If available, report man-hours spent on specialty leader duties via the Defense Medical Human Resource System – Internet (DMHRSi) per reference (a).
9. If available, create and maintain an account in the BUMED tasker management system per reference (b).
10. Solicit and submit recommendations for a successor to Chief, BUMED via respective Corps Chief per enclosure (2).
11. Provide consultation and make recommendations for specialty-specific clinical practice standardization and technical equipment requirements to support specialty practice at varying levels of sophistication when requested.
12. Maintain a current inventory and contact information for members within the specialty, as applicable.

13. Make recommendations on specialty-specific training opportunities, assist program directors in resolving problems within individual programs, and assist in training accreditation reviews, where applicable.
14. Make recommendations on deployments, TAD coverage requests, and assignments of personnel, as needed. Coordinate with BUMED-M00C, BUMED-M1, Navy Medicine Regions, or Operational Support (BUMED-M3B4) as requested.
15. Provide critical analysis of research documents associated with the specialty for the purpose of evaluating merit.
16. Assist and mentor members within the specialty with specialty-specific career needs, career development, and retirement issues.
17. Assist in the Recruiting and Accessioning Process
 - a. Make recommendations on the specialty qualifications and desirability of candidates, forwarded via Commander, Navy Recruiting Command (COMNAVCRUITCOM), for appointment to active or reserve duty, as needed.
 - b. Interview candidates when appropriate.
 - c. In conjunction with COMNAVCRUITCOM, conduct recruiting visits when requested and subsequently approved by the appropriate Corps Chief.
18. Review requests from members within their specialties to attend professional conferences applicable to their specialties. Endorse completed packages and submit for approval following BUMED conference approval policy and guidance.
19. Reserve Component Specialty Leaders will
 - a. Make recommendations, when requested, to fill active duty requirements for active duty for training, additional active duty for training, active duty for special work, and mobilization.
 - b. Assist in assuring credentialing, naval officer billet classification, subspecialty code, and additional qualification description documentation for specialty members are up-to-date.
 - c. Assist in career planning by knowing a member's desires for mobilization, types of training, and retirement.
 - d. Maintain liaison with active duty counterpart.
 - e. Not delegate authority either formally or implied for policy or decision-making.
 - f. Not operate independently of their chain of command or within other commands unless specifically assigned by BUMED.

SPECIALTY LEADER SELECTION CRITERIA AND PROCESS

1. General. One Medical Department specialty leader will be appointed, in writing, by Chief, Bureau of Medicine and Surgery (BUMED), for each specialty area. Assistant specialty leaders may be nominated by the incumbent specialty leader and appointed by their respective Corps Chief for specialties having large numbers of personnel, when there is a wide geographic dispersion, or when advisable due to particular specialty needs.
2. Criteria. Specialty leaders must:
 - a. Be willing and able to fulfill the roles and responsibilities as outlined in enclosure (1) of this instruction.
 - b. Demonstrate a superior record of performance and be in good standing in their specialty community.
 - c. Have the training, background, and assignment variety in their specialty necessary to perform the role and responsibilities and to provide appropriate guidance.
 - d. Hold an appropriate degree or clinical specialty certification, as appropriate.
 - e. Hold requisite credentials within the specialty (board certification for Medical Corps) if applicable.
3. Length of Term. Specialty leaders will be appointed to serve a term of 3 years after which they may be extended at the discretion of their respective Corps Chief.
4. Successors. At least 4 months before expiration of terms, the specialty leader must solicit for nominations of a successor. In coordination with the Corps Chiefs office, nominations will be reviewed and a recommendation will be made to the Chief, BUMED. This recommendation will include:
 - a. Current curriculum vitae for the top nominees.
 - b. Letter of intent for the top nominees.
 - c. Biography for the top nominees.
 - d. Memorandum outlining the prioritization for relief, with justification.

BUMEDINST 5420.12E
29 Sep 2014

SAMPLE APPOINTMENT LETTER

5420
Ser M00C/ XXXXX
[Date]

From: Chief, Bureau of Medicine and Surgery
To: [Name of Appointee]

Subj: APPOINTMENT AS SPECIALTY LEADER FOR THE CHIEF, BUREAU OF
MEDICINE AND SURGERY

Ref: (a) BUMEDINST 5420.12E

1. Per reference (a), you are hereby appointed Specialty Leader for [Specialty] to Chief, Bureau of Medicine and Surgery. This appointment is effective immediately for a period of 3 years. This is in addition to your primary assigned duty. In carrying out your responsibilities as specialty leader, you must ensure performance of the functions described in enclosure (1) of reference (a).
2. At any time you anticipate a change in your availability for the responsibilities of this appointment (such as extended temporary additional duty, hospitalization, separation, etc.) you should notify your Corps Chief at the earliest opportunity. In such a case, you would be expected to provide your recommendation for an appropriate interim replacement or successor.
3. Reference (a) outlines resources for support in your role as specialty leader.
4. Congratulations. Your appointment as specialty leader reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to the Navy Medical Department are sincerely appreciated.

M. L. NATHAN

Copy to:
NAVPERSCOM (PERS-4415)
COMNAVCRUITCOM (Code 32)
BUMED (M1 and M8)
NAVMED PDC

Enclosure (3)