



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 5420.14A
BUMED-M8
6 Feb 2006

BUMED INSTRUCTION 5420.14A

From: Chief, Bureau of Medicine and Surgery
To: All Internal BUMED Codes

Subj: NAVY MEDICINE RESOURCE REQUIREMENTS REVIEW BOARD

- Purpose. Establish the Resource Requirements Review Board (R3B) ensuring Navy Medicine resource requirements receive the benefit of integrated development, appropriate review, modification, evaluation, and prioritization by an executive level board of directors before presentation to Chief, BUMED.
- Cancellation. BUMEDINST 5420.14.
- Background. There is a need to have data-driven decision making processes that supports Navy Medicine senior leadership in their stewardship responsibilities. The process requires an organized, structured method to facilitate horizontal and vertical communications among the Deputy Chiefs of Staff, Regional Commanders, Director, Medical Resources, Plans and Policy (N931) and The Medical Officer of the Marine Corps ensuring firm linkage to the Navy Medicine Strategic Plan, the Navy Medicine Business Plan, and the Planning, Programming, Budgeting and Execution (PPBE) System. The process needs to ensure that standard elements of the resource model are incorporated so that planning, programming (POM/PR), budgeting, and resource execution are strategically aligned and addressed on a regular basis.
- Membership. The R3B will consist of the Corporate Executive Board and Regional Commanders. Vice Chief, BUMED will serve as the Chairman and voting members comprised of the senior officer or civilian assigned to Director, Medical Resources, Plans and Policy (N931), BUMED Chief of Staff, Deputy Chief of Staff for Human Resources (M1), Deputy Chief of Staff for Operations (M3), Deputy Chief of Staff for Future Plans and Strategy (M5), Deputy Chief of Staff for Resource Management/Comptroller (M8), and Navy Medicine Regional Commanders. Nonvoting members are The Medical Officer of the Marine Corps, BUMED Inspector General, and Force Master Chief. Normally, R3B meetings will be open to Principals and their Assistant Deputies only. However, there may be a need for subject matter experts (SME) to provide specific data and information to assist the R3B in their decision making process. Principals shall be responsible for ensuring the attendance of SME when appropriate. Attendance of SME shall be kept to a minimum and they will only attend that part of the meeting during which their program or issue is discussed.

5. Discussion. Navy Medicine executes funding in seven appropriations. Three of these are Defense Health Program (DHP) and include Operation and Maintenance (O&M DHP), Procurement (OP DHP), and Research, Development, Test and Evaluation (RDT&E DHP). The other four are Navy and include Operations and Maintenance (O&M,N), Procurement (OPN), Research, Development, Test and Evaluation (RDT&E,N) and Reserve Personnel (RPN). The Deputy Chief of Staff for Resource Management/Comptroller (M8) is responsible for submitting the budget for all appropriations and for submitting the POM/PR for the DHP appropriations. Additionally, M8 provides input to the POM/PR for Military Personnel (MPN). The Director, Medical Resources, Plans and Policy (N931) is responsible for submitting the POM/PR for Navy appropriations. The R3B will evaluate and prioritize both DHP and Navy appropriation requirements.

6. Meeting Schedule. The R3B will meet at least twice annually to review DHP POM/PR and DHP Budget submissions, respectively, and make recommendations to Chief, BUMED. As part of these recommendations, the R3B will identify potential offsets for urgent unfunded issues and prioritize routine unfunded issues for submission to the Assistant Secretary of Defense (Health Affairs). To maintain resource requirement and execution awareness, the R3B will meet quarterly to review fiscal year execution data and discuss emerging resource requirements. This meeting will be accomplished in conjunction with the weekly Corporate Executive Board Meeting or biweekly Regional Commander Business Meeting. The R3B will also be active participants in the Mid-year Review process and will prioritize urgent and routine unfunded issues for the Chief, BUMED's consideration for submission to the Assistant Secretary of Defense (Health Affairs). M8 will advise the Chief, BUMED on unfunded issue internal offset feasibility and risk. Voting and nonvoting membership may be represented by their Assistant Deputy Chief of Staff when the Principal is unavailable.

7. Action

a. POM/PR. M8 is responsible for preparing assessment issues for the DHP POM/PR. These assessments will be assigned to Deputy Chiefs of Staff and/or Regional Commanders. Additionally, M8 will provide a general call for DHP POM/PR issues that will go to all Deputy Chiefs of Staff and Regional Commanders. M8 will be responsible for collection of input and redistribution, as needed, to all major stakeholders.

(1) The Assistant Deputy Chief of Staff Comptroller (M8C) will convene a preliminary review board consisting of the Assistant Deputy Chiefs of Staff from M1, M3, M5, N931, IG, TMO, FORCM, and Regional Chiefs of Staff at least 3 weeks prior to the R3B meeting. This board will review the assessments and issues that have been submitted to ensure accuracy and completeness of data. SME may be asked to attend to discuss their issues. Principals will be provided a copy of the presentations at least 2 weeks prior to the R3B meeting.

(2) M8C is responsible for presentation of the POM/PR and unfunded issues to the R3B. M8C1 will act as recorder for the R3B.

(3) In support of the Surgeon General's Navy Program Resource Sponsor role, the R3B will advise the Surgeon General on the prioritization of resource requirements. N931 will direct the DON POM assessment process and provide the R3B with vetted resource requirement recommendations and submit the Sponsor Program Proposal to N8.

b. Budget. M8 will issue a budget call to all Deputy Chiefs of Staff and Regional Commanders. M8 will be responsible for the collection of input and redistribution, as needed, to all major stakeholders.

(1) The Assistant Deputy Chief of Staff Comptroller (M8C) will convene a preliminary review board consisting of the Assistant Deputy Chiefs of Staff from M1, M3, M5, N931, IG, TMO, FORCM, and Regional Chiefs of Staff at least 3 weeks prior to the R3B meeting. This board will review issues that have been submitted to ensure accuracy and completeness of data. SME may be asked to attend to discuss their issues.

(2) M8 will complete the required budget displays and exhibits and will provide copies, including all unfunded issues, to the Principals at least 2 weeks before the R3B meeting.

(3) M8C is responsible for presentation of the Budget and unfunded issues to the R3B. M8C1 will act as recorder for the R3B.

c. Execution. M8 will present to the R3B quarterly budget execution reviews.

(1) For Mid-year Review, M8 will coordinate the submission of Unfunded Priority Lists from the Regional Commanders and Deputy Chiefs of Staff. M8 will provide a general call for DHP and Navy issues that will go to the Regional Commanders and Deputy Chiefs of Staff. M8 will be responsible for collection of input and redistribution, as needed, to all major stakeholders.

(2) The Assistant Deputy Chief of Staff Comptroller (M8C) will convene a preliminary review board consisting of the Assistant Deputy Chiefs of Staff from M1, M3, M5, N931, IG, TMO, FORCM, and Regional Chiefs of Staff at least 3 weeks prior to the R3B meeting. This board will review the unfunded issues that have been submitted to ensure accuracy and completeness of data. SME may be asked to attend to discuss their issues. Principals will be provided a copy of the presentations at least 2 weeks prior to the R3B meeting.

BUMEDINST 5420.14A
6 Feb 2006

(3) M8C is responsible for presentation of the Mid-year Review unfunded issues to the R3B for prioritizing. M8C1 will act as recorder for the R3B.



D. C. ARTHUR

Distribution is electronic only via the Navy Medicine Web site at:
<http://navymedicine.med.navy.mil/Files/Media/directives/5420-14A.pdf>