

Navy Medicine Education and Training FY16 Business Plan



Navy Medicine Education and Training
Command
NMETC



Navy Reserve
Navy Medicine Education and Training Command
NRRNMETC



Navy Medicine Professional Development Center
NMPDC



Navy Medicine Operational Training Center
NMOTC



Navy Medicine Training Support Center
NMTSC

Navy Medicine Education and Training Command Organization Executive Summary

Commander: RADM Rebecca McCormick-Boyle

Deputy: CAPT Jim LeTexier

Business Plan Contacts: Ms. Patricia Craddock and Mr. Dan Pernell

Command Mission

We enable career-long growth and development through professional and occupational education and training to support Navy Medicine and operational forces.

Command Vision

To be the recognized leader in military training and medical education, leveraging innovation in response to global contingencies.

Guiding Principles

- Apply innovative, cost-effective, learning solutions fully leveraging technology, partnerships, and joint initiatives.
- Adapt and respond quickly to validated and resourced training requirements.
- Cultivate superior performance through a culture of excellence.
- Communicate clearly, accurately, and openly.
- Employ program management principles and discipline to ensure value.

Who We Are (Mission, Functions, and Tasks)

The Navy Medicine Education and Training Command (NMETC) serves as the principal provider and advisor for the SG on the execution of education and training services within Navy Medicine. NMETC exercises command and control over its subordinate commands: the Navy Medicine Operational Training Center (NMOTC), the Navy Medicine Professional Development Center (NMPDC) and the Navy Medicine Training Support Center (NMTSC). NMETC Headquarters performs executive office oversight of specified execution level programs, to include management of the Healthcare Inter-service Training Office.

- The Navy Medicine Operational Training Center (NMOTC) is an Echelon IV shore activity in an active status under a Commanding Officer reporting to Commander, NMETC. NMOTC provides administrative, professional, technical, and consultative services in operationally related Fleet and Fleet Marine Force medical matters worldwide. NMOTC conducts education and training programs for Medical Department personnel in various operational medical disciplines. NMOTC manages, coordinates and provides selected operational programs (e.g. aviation physicals and survival training) and services in direct support of the operating forces as directed by

Navy Medicine Education and Training Command

3

higher authority. NMOTC has 6 detachments and 60 facilities at 15 locations across the country. NMOTC is responsible for the largest training throughput in Navy Medicine.

- The Navy Medicine Professional Development Center (NMPDC), an Echelon IV command, is the cornerstone of Navy Medicine's professional development training and education mission; maintaining collaborative relationships with more than 100 military and civilian higher learning institutions while annually supporting 3,000 federal uniformed service, civilian, and allied foreign military members. As such, NMPDC remains Navy Medicine's premier organization delivering leadership and professional education support for all medical personnel in the U. S. Navy. NMPDC is also responsible for the oversight of the Graduate Medical Education program, while the Naval Post-Graduate Dental School is a direct report to NMPDC.
- Navy Medicine Training Support Center (NMTSC) San Antonio is an Echelon IV command providing direct Navy-specific administrative support for the training of Navy medical personnel in various Officer and Enlisted programs. NMTSC manages and supports all Navy medical training personnel in the San Antonio catchment area, including students and instructors. NMTSC is responsible for nurturing and enforcing Navy Sailorization. NMTSC also provides military support for Navy personnel in San Antonio aboard the Military Training Network (MTN) South, Defense Medical Readiness Training Institute (DMRTI), Defense Institute for Military Operations (DIMO), the Pharmacy Operations Division of the Defense Health Agency (DHA) formerly known as the Pharmacoeconomics Center (PEC), the Army Medical Department (AMEDD), and medical and dental fellowship/residency programs with the Army and Air Force.

NMETC Organization Strategic Approach

NMETC is aligned with the Navy Medicine Strategic Plan and recognizes the three goals of Readiness, Value and Jointness as the strategic goals throughout the organization. We channel our efforts to move the Navy Medicine (NM) strategic gauge through implementation of our initiatives demonstrated by the graphical representation below. Our critical success factors serve as the foundation for the alignment and development of NMETC's initiatives throughout FY16.

Our Critical Success Factors:

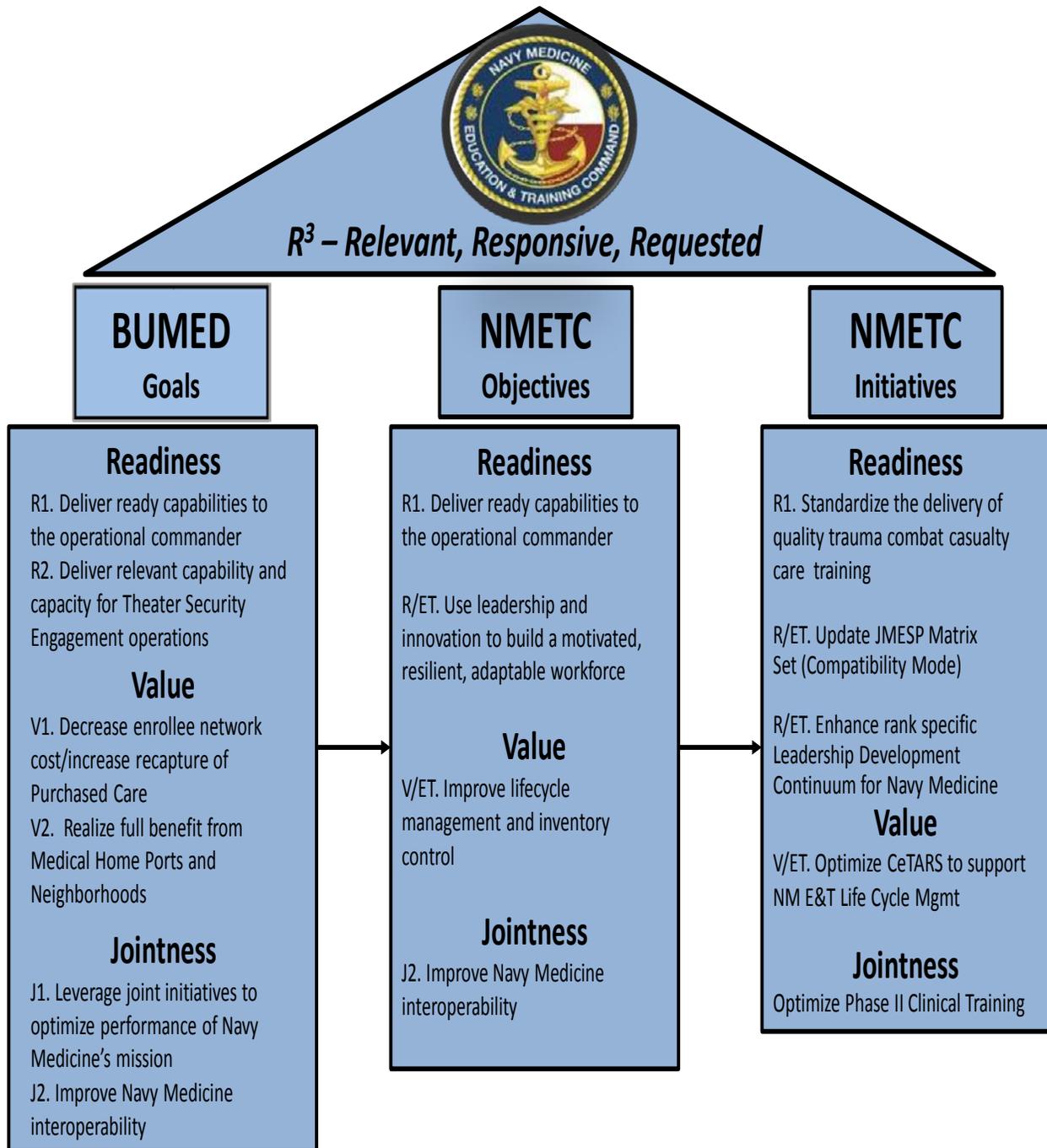
- 1) Our human capital is our primary focus.
- 2) Our relevance is marketed and communicated.
- 3) Partnerships are leveraged and fostered.
- 4) Organizational processes are defined and managed.
- 5) Aligning under the Navy Medicine Strategic goals, NMETC adopted two NM objectives and developed two additional objectives to ensure that we move the gauge in executing the specific education and training mission.

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

NMETC FY16 business plan efforts will include continued work on alignment of the command's initiatives with the following BUMED goals to ensure we stay on course, fulfilling the mission of Navy Medicine.



The Way Forward

The past year was a transition year for Navy Medicine Education and Training Command (NMETC). Over the course of the year, the move of staff into the San Antonio location continued. By winter of 2015, the command will be over 90% staffed at the headquarters in Texas. The Detachments in Jacksonville and Bethesda will officially be closed. Close to 99% of the long standing academic staff is being replaced with new faces. The loss of corporate knowledge has been significant while the opportunity for a fresh approach to the business of education and training has emerged.

The coming year will be the beginning of the Renaissance for Navy Medicine Education and Training. It will be a time to question the established processes, methods, and means that we have utilized in the past. It will be a time to link the forces of change to our future services. The imperative to change is evident in many arenas and driven by a few significant organizational changes.

Beginning in 2001, Navy Education and Training Command documented “The Navy Revolution in Training” setting the stage to recognize that the learner is changing and will no longer effectively respond to rote memorization and regurgitation. A thought provoking document, “The 2015 Army Concept of Learning,” emphasizes the changing times and describes the new learner. The new learner is looking for opportunity to participate in the learning experience, to have reach back to the training source, and to be part of the design for the future learner. The requirement has expanded from a skilled professional to a full up round forward thinking leader capable of analysis and the ability to anticipate future operational challenges. To do this, we must depart from the concentration of podium lectures and incorporate an adaptive learning model where we involve the learner in an experience that improves understanding and the ability to make critical decisions.

The Honorable Ray Mabus, Secretary of the Navy, in 2015, issued guidance to be innovative and to leverage technology. He encourages use of crowd sourcing as an idea multiplier. We have disruptive discussion from Vice Admiral Moran to change our training paradigm: “Why give the full career training infusion in the first years of a career?” He challenged us to develop life long career pathways. Navy Education and Training Command introduced the 2025 Sailor with work to integrate education and training at critical career milestones. Chief of Naval Operations, Admiral Greenert, says it is time to bring Virtual to the “waterfront.” Like our operational forces, our education and training approach must be more mobile, agile, and adaptive to meet the learner closer to his or her work center.

In 2015, Navy Medicine “Reinvented” its organizational structure to adapt to a constantly changing environment that includes movement of shared services to the Defense Health Agency (DHA). Navy Medicine Education and Training Command was recognized as critical to Navy Medicine’s organizational success and continues to align as an echelon three command indicating relevance to Navy Medicine’s goals of Readiness, Value, and Jointness. Positioned alongside the large Regional Commands, NMETC will participate at several tiers of the organization to support streamlined decision making and improved communication. The new alignment will facilitate better

Navy Medicine Education and Training Command

6

communication with our stakeholders and give us a voice at the table to ensure that a critical leg of the “train, man and equip stool” supports the Fleet forces (Navy and Marine).

As the Defense Health Agency approaches full operating capability, NMETC is positioned to provide service-level input into the constructs of governance, policy development and service-specific requirements. NMETC’s continued relationship with the M7 staff within the BUMED Total Force Directorate is critical to ensure Navy Medicine equities are represented in the joint arena. As a member of the DHA advisory and governing forums, NMETC, in concert with the M7 representative, will be able to insert Navy Medicine’s role in the education and training shared service construct.

NMETC must continue to vector to meet requirements through our school houses and formal course management. We will fully support the requirements integration process with responsive and creative solutions. Key to NMETC’s efficiency and Navy Medicine’s effectiveness will be the extent that we further develop joint and interoperable solutions. We must build our partnerships with medical and military educators to lean forward to deliver effective services and clearly engage our role in support of the Fleet, the Marine Corps and those taking care of the beneficiaries entrusted to us.

As the NMETC organization progresses through the year, we will endeavor to achieve command improvements in our core business. We will achieve this by incorporating the following attributes:

- Standardization
 - We must clearly define our processes so we may drive improvements.
- Full lifecycle management of our services
 - We must close the loop and guarantee implementation of validated change requests.
- Agility
 - We must improve time to delivery on our process cycle time.
- Adaptive
 - What we build must be able to adjust for multiple purposes; increase reusable training objects and avail them through a virtual library.
- Modular and Scalable
 - We must be able to meet situational requirements by building our services with “snap together” parts.
- Monitor for quality and outcomes
 - We must measure our outcomes and have open dialog with our stakeholders to make sure that we meet their expectations.

Among the issues that we must tackle this year:

- Support the Platform Readiness
 - Train to certifiable readiness status.
 - Build capacity to meet the readiness requirement.
- Employ program management

R³

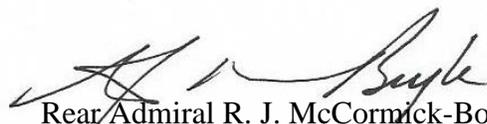
Relevant, Responsive, Requested

Navy Medicine Education and Training Command

7

- To achieve full life cycle management of courses and programs.
 - Optimize utilization of curriculum development and management systems.
 - To influence and manage education and training beyond NMETC schools.
 - Identify full cost of ownership of our programs.
-
- Progress in solutions for career long leadership development
 - Map leadership competencies.
 - Develop career pathways.
 - Leverage technology in education and training as well as back office processes
 - Integrate simulation and integrated learning environment into academic processes.
 - Leverage collaboration technology (SharePoint, DCO, virtual classrooms).
 - Ensure transparency to our stakeholders (LMS, metrics, and feedback).
 - Seek joint solutions while meeting Naval Medicine requirements
 - Establish consistent Phase II training processes to support technical training.
 - Find ways to contribute to METC success.
 - Drive ITRO process improvement.
 - Improve our stakeholder feedback channels
 - Revitalize Level 3 course feedback.

We continue to frame our work with our bumper sticker as we drive to remain Relevant, Responsive, and Requested. As a product of the BUMED Reinvention, we are Positioned, Aligned and Committed and We Believe That We are Ready for Success.

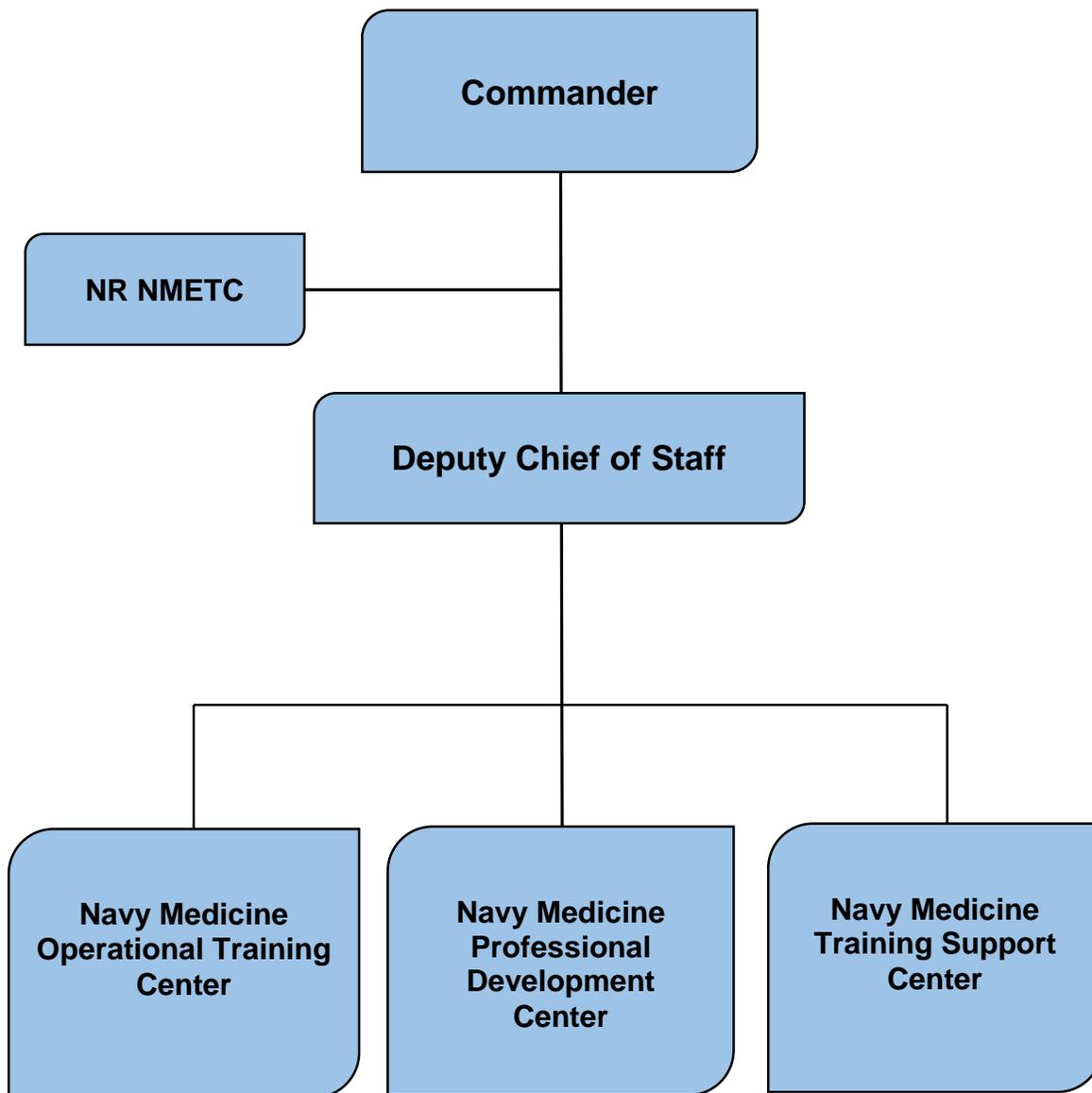


Rear Admiral R. J. McCormick-Boyle
Commander, NMETC

R³

Relevant, Responsive, Requested

NMETC ORGANIZATION



NMETC Organization Market Analysis

Who We Serve:

The NMETC organization serves the fleet commanders, staff of the military treatment facilities, and the Surgeon General by executing the development and delivery of education and training services. Requirements are generated by those we serve and validated through the BUMED education and training governance proceedings and policies. We collaborate with numerous Service and civilian partners to carry out the education and training mission.

BUMED's recent organizational alignment resulted in incorporating the Office of the Deputy of Education and Training (M7) with BUMED's Total Force. The Deputy of Education and Training (M7) will continue to serve as an advisory and policy arm to the NMETC Organization. NMETC remains an Echelon III command, parallel with Navy Medicine Regions East and West. The organization as a whole prepares Sailors and Marines to deliver medical services and Force Health Protection across all platforms: on land, in the air, undersea, and aboard ships all over the world. The BUMED/NMETC Organization also provides medical education and training to our sister services, foreign services, and thousands of DoD civilians.

The breadth of scope for the NMETC organization is demonstrated in the operational areas of training provided, academic management, courses of instruction and patient care provided. To illustrate this point, the valued staff of the NMETC organization, military, civilian and contractors, touch the lives of more than 32,000 personnel annually by delivering training through 145 different formal courses across our education domain. Importantly, the NMETC organization provides training and personnel support to the Basic Medical Technician Corpsman Program (BMTCP) School that shapes the future of the enlisted Hospital Corps, and to Hospital Corpsman in 19 advanced technician programs. As well, training is provided to international students, federal and foreign military personnel and to all personnel trained in operation and survival training.

The academic management aspect of the NMETC organization spans a wide array of responsibilities, from administering surveys, to managing degree, non-degree and specialty resident training programs. Annually, the academic management of the NMETC organization ensures that 250 Master Training Specialists are available to meet yearly programming needs, and that 1550 degree seeking and non-degree seeking students are managed in civilian training programs.

The NMETC organization is also responsible for providing a total of 125 courses of instruction. These courses include 10 leadership development continuum courses, 17 onsite continuing dental education courses, 35 inter-service courses of instruction managed by the ITRO and 63 operational courses.

Navy Medicine Education and Training Command

10

Finally, the NMETC organization provides services annually, tied to Navy Medicine's mission of patient care, to almost 133,000 individuals. These patient care activities include providing service to 250 repatriated prisoners of war, 25,000 aeromedical waivers and physicals, and dental services to 6,700 patients including those enrolled in the Wounded, Ill and Injured Orofacial Pain programs. The value of the NMETC organization to Navy Medicine is demonstratively evident through the education and training of individuals, its training products and services, its academic management responsibilities, the total number of courses of instruction and by the level of patient care provided.

From an external perspective, NMETC must consider, and recognize as priorities and opportunities, a multitude of drivers and demand signals that will require time, attention, effort and resources. These drivers include, but are not limited to the following: 1) the current BUMED re-invention impacts the FY15-16 organizational structure, requiring resource alignment to ensure capabilities in meeting new or reestablished business practices and expectations; 2) the re-invention affords new opportunities for NMETC to develop closer relationships and alignment with stakeholders allowing for more efficient linkage and improved dialogue and coordination between the policy functions of BUMED and the execution and training functions of NMETC; 3) the on-going maturation of the Defense Health Agency from an Initial Operating Capability (IOC) to a Full Operating Capability (FOC) represents many implications and opportunities for shared-service training ventures and gains related to joint-service practices and improved training efficiencies. NMETC aspires to enhance, at every level of operations, stronger inter-service governance, improved collaborative agreements, and the identification and development of other inter-service opportunities.

Additionally, NMETC continues its contributions to inter-service efforts as demonstrated by our role and participation in other forums. NMETC's representation is enhanced by leadership serving as the Chair for the Healthcare Inter-service Training Office (HC-ITO), which continues its successes in facilitating numerous inter-service collaborations, as demonstrated by the success of METC. Importantly, NMETC serves as Navy Medicine's representative to the Senior Coordinating Council for DHA Education and Training by providing service-specific inputs that shape the joint supporting efforts of education and training. Further demonstrating inter-service collaboration, the standardized Learning Management System (LMS) has been selected and the SWANK LMS continues to be employed at learning sites throughout Navy Medicine and utilized as the primary resource for the management of enterprise-wide training requirements. SWANK LMS is currently utilized by both the Army and Air Force Medical Departments, further demonstrating increased inter-service sharing of resources and processes.

NMETC continues to recognize the diversity of the products and services offered to the education and training world. Some of the organizations' training courses are unique to

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

11

Navy Medicine; they satisfy a Navy niche and are not offered anywhere else. Examples of Navy unique programs include the Undersea and Surface Force Medicine Training courses. Conversely, other training courses offer curricula with common core elements found across all of military medicine, representing opportunities for inter-service collaboration and gains in training efficiencies within the education and training market. However, more opportunities exist. The NMETC echelon IV commands have identified several courses that deserve further exploration, such as the Expeditionary and Special Operations Medicine Training. These courses are offered by each of the services in varied ways and at different locations, yet ultimately aim to provide the same outcome.

Economic Impact:

The NMETC enterprise employs over 1,650 active duty, civilian and contract personnel spread across 11 states. According to the Bureau of Economic Analysis, a division within the U.S. Department of Commerce, the annual per capita personal consumption expenditure for all goods and services averages \$36,027 (as of 30 May 2013). This equates to over \$59 million dollars contributed annually to the local economy by NMETC personnel.

In addition to the staff we employ, we educate and train approximately 3,569* students per day. 1,590 of these students are in residence, and thus contribute at a relevant rate to the local economy of the learning site where they reside. The remaining 1,979 students are on an average per diem of \$123**, which equates to approximately \$243,417 per day, or \$88,847,205 annually in additional spending power for the local economy.

(*) This data is from CeTARS and is baseline in nature. Initiatives in data quality this year may impact future values.

(**) Standard CONUS lodging & per diem rate per the Defense Travel Management office.

NMETC Organization Joint Collaborations:

- ❖ BUMED M7 provides governance and policy direction for all Navy medicine education and training (E&T).
- ❖ The Inter-service Training Office (HC-ITO) provides unbiased, analytic support to the services in an effort to establish inter-service training curriculum for the Medical Education Training Campus (METC); supports DoD, BRAC directives and training transformation initiatives; and facilitates medical inter-service training studies/reviews for all military medicine.
- ❖ Client executive services for several support functions such as resource management, facilities management and occupational health and safety are provided by BUMED.
- ❖ The NMETC Academics directorate works regularly with civilian universities, colleges and state licensure authorities.
- ❖ The Academics directorate provides guidance and consultation to non-BSO entities (e.g., Marine Corps, Fleet Forces, Veteran's Administration, and MTF Learning Centers) on various items such as Job Duty Task Analyses, curriculum

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

12

- recommendations, and instructional systems.
- ❖ Each of the NMETC locations are a tenant command to a larger complex, and thus receive related support and services from the sponsoring command - NAS Jacksonville, Florida, Joint Base San Antonio, Texas, and Walter Reed Military Medical Center, Bethesda, Maryland.
- ❖ The Navy Education and Training Command (NETC) provides instructional guidance such as the NAVEDTRA 130 series; data systems support; and serves as guide on for education and training methodologies.
- ❖ The Navy Medicine Modeling and Simulation Training (NMMAST) program office is the execution agent for Navy Medical M&S and participates as a voting member in the Federal Medical Simulation and Training Consortium.
- ❖ NMETC staff members serve on multiple Expeditionary and Operational cross-organizational workgroups for activities such as Expeditionary Health Service Support (EHSS) Capability Based Assessment; Individual Augmentee (IA); Role III training; and Readiness Reporting.
- ❖ Naval Postgraduate Dental School (NPDS)
- ❖ Naval Postgraduate Dental provides the Dental Corps with fully qualified officers, ready to practice, teach, and conduct research in dentistry. NPDS programs are as follows: Maxillofacial Prosthetics, Comprehensive Dentistry, Endodontics, Oral and Maxillofacial Pathology, Periodontics, Orofacial Pain, Prosthodontics, Advanced Education in General Dentistry (AEGD-1), and General Practice Residency Programs. NPDS offers continuing education courses which are made available to the Army, Air Force, and Coast Guard components; foreign military; and civilian dentists employed by federal agencies. Due to extremely limited availability, enrollment for dentists not federally employed is only considered on a space-available basis. NPDS also conducts the Navy's Maxillofacial Prosthetics Technician C-School for qualified First and Second Class Petty Officers. NPDS programs integrate face-to-face and on-line learning to accommodate students' diverse learning styles and maximize Dental Corps professional development, world-wide. NPDS falls under the command of NMPDC where it receives all educational related expenses (to included travel expenses) and civilian salary funding. NPDS operations are also solidified through an inter-service support agreement (ISSA) with WRNMMC, providing funding for all patient care (i.e., equipment, consumable supplies, etc.), facilities, and information technology expenses. This mutually beneficial, collaborative support agreement continues through 30 September 2018.
- ❖ TRICARE Financial Management Executive's Program (TFMEP)
NMPDC is the exclusive course provider for TFMEP within DoD. This course is available for all component services and is taught in areas with high U. S. Navy and component services interest.
- ❖ U. S. Military Tropical Medicine (MTM) Program
MTM trains and educates military medical personnel in the practice of medicine by developing through the core curricula of clinical care and Public Health pursuant to Force Health Protection (FHP) and Medical Stability Operations (MSO) responsibilities. NMPDC is the service lead and coordinates didactic and field training in many foreign locations.
- ❖ Naval Medical Research Unit San Antonio (NAMRU-SA)-NAMRU-SA receives support from and has access to NMTSC Drug and Alcohol Program Advisor

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

13

- (DAPA), Urinalysis Program Coordinator (UPC), Casualty Assistance Calls Program (CACP), and Sexual Assault Prevention and Response Program (SAPR), Victim Advocate (VA)
- ❖ Naval Health Clinic Corpus Christi (NHCCC) – NHCCC Detachment San Antonio receives support from and has access to NMTSC Command Urinalysis and Physical Fitness Assessments (PFA).
 - ❖ Naval Health Clinic Corpus Christi (NHCCC) – MOU is in place whereby NHCCC is designated as the cognizant Navy Military Treatment Facility (MTF) that provides credentialing support to NMTSC Independent Duty Corpsmen (IDC) and IDC program.
 - ❖ Naval Medical Center Portsmouth (NMCP) – MOU is in place whereby NMCP provides comprehensive basic support services (e.g., DAPA, Urinalysis, SAPR, etc...) to NMTSC Navy Education and Training Element Portsmouth.
 - ❖ Naval Medical Center San Diego (NMCS) – MOU is in place whereby NMCS provides comprehensive basic support services (e.g., DAPA, Urinalysis, SAPR, etc...) to NMTSC Navy Education and Training Element San Diego.

NMETC Organization Initiatives and NAVMED Alignment:

Readiness: *We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.*

Value: *We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.*

Jointness: *We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.*

The following table illustrates the NMETC Organizational roll-up of all Command initiatives and their alignment to BUMED goals and objectives. Each initiative is further addressed in the respective Command's FY16 Business Plan.

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

14

Command/Action Officer	Initiative	Alignment
NMETC HQ CDR Montilla, Director for Admin	Manpower Review and Adjustments	Value
NMETC HQ Ms. Craddock, Director of Operations	Operations to Re-establish CPI Command and AOR Capabilities	Value
NMETC HQ CDR Kinsey, Director of Academics	Solidify procedures for HPRR closures	Value
NMPDC CDR Spencer	Tuition Award and Payment Processing Lean Six Sigma Project	Value
NMOTC Director of Training	Validate Training Requirements and Obtain Resource Sponsors	Readiness
NMOTC SWMI OIC; NUMI OIC	Ensure Continuity of Core IDC Program at SWMI and NUMI	Readiness
NMOTC Director of Training	Align all Courses to the NAVEDTRA 130-140 series	Readiness
NMOTC Director of Training; NMETC Quality & Effectiveness Focus Group	Validate Course Effectiveness	Readiness
NMOTC Executive Officer; Business Office	Analyze Business Processes For Efficiency And Effectiveness	Readiness
NMOTC Director of Training in collaboration with NMETC Simulation Committee, and NMOTC representative, SWMI OIC	Enhance Training Through Use Of Simulation/ Simulators	Readiness
NMOTC Commanding Officer; NAMI OIC; NAMI Operational Psychology DH	Implement Use Of Unmanned Aviation Operators Screening	Readiness
NMOTC NMOTC CO; NAMI OIC; Director of Training	Implement Changes in Aerospace Medicine Residency to Offset Army Transition of their Occupational Medicine Residency to USASAM/Fort Rucker	Readiness
NMOTC Commanding Officer; Director of Training; NAMI OIC	Ensure continuity of the Flight Medic Course (FMC)	Readiness
NMOTC Director of Training; Director of Information Technology	Command e-campus project	Value
NMOTC Director for Administration; Public Affairs Officer	Market Our Value, Readiness And Jointness	Jointness
NMTSC LCDR Robinson; LCDR George; HMSC Gonzales	Solidify organizational framework	Readiness
NMTSC	Develop a robust indoctrination program	Readiness

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

15

LCDR Robinson; LCDR George; PS1 Lat		
NMTSC LCDR Robinson; CDR Barendse; LCDR Pennington	Develop total Sailor incentive program	Readiness
NMTSC LCDR Robinson; LCDR George	Evaluate and improve dashboard quality	Value
MNTSC LCDR Robinson; LCDR Jago; LCDR Ralls	Improving internal/external communications with students, customers and partners	Jointness
NMTSC LCDR Robinson; LCDR Jago; LCDR Phillips	Develop an internal/external marketing strategy	Jointness
NMTSC LCDR Robinson; LCDR Jago; LT Lange	Review, improve and establish support agreements	Jointness
NR NMETC NR NMETC/TRIAD Leadership Team	New Billet Structure	Readiness
NR NMETC NR NMETC/TRIAD Leadership Team	New Site Location	Readiness
NR NMETC NR NMETC/Research Team	SharePoint Library	Value
NR NMETC NRNMETC/Educations and Training Team	Subject Matter Expert Database	Value
NR NMETC NR NMETC Operations Team	Visibility of Training Opportunities	Value
NR NMETC NR NMETC Operations Team	Learning Management System	Value
NR NMETC NR NMETC/Research Team	Inter-Service Resource Sharing Agreements Proposal	Jointness
NR NMETC NRNMETC/Educations and Training Team	Officer Trauma Nursing Core Course Training Plan	Jointness
NR NMETC NRNMETC/Educations and Training Team	Enlisted Tactical Combat Casualty Care Course Training Plan	Jointness
NR NMETC NRNMETC/Educations and Training Team	MTN Training Plans	Jointness

R³

Relevant, Responsive, Requested

Summary: NMETC Organization - Navy Medicine Initiative Alignment

BUMED OBJECTIVE ALIGNMENT	NMETC	NR NMETC	NMPDC	NMOTC	NMTSC	TOTAL
READINESS	0	2	0	9	3	14
VALUE	3	4	1	1	1	10
JOINTNESS	0	4	0	1	3	8
TOTAL	3	10	1	11	7	32

NMETC Organization Resources: Enterprise Manpower Rollup

Authorized and Resourced Billets

Command Name	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
NMETC HQ	23	23	24	24	26	26	4	4	77	77
NMPDC	117	117	120	120	105	105	17	17	359	359
NMOTC	108	108	328	328	108.3	113.3	23	23	567.3	572.3
NMTSC	80	80	493	513	9	9	26	22	608	624
NRMETC	43	21	36	9	0	0	0	0	79	30
Total	371	349	1,001	994	248.3	253.3	70	66	1690.3	1662.3

Comment: NMOTC established a civilian Clinical Psychologist in support of NAMI that cannot exceed 26 hours per pay period, resulting in .3 of a position.

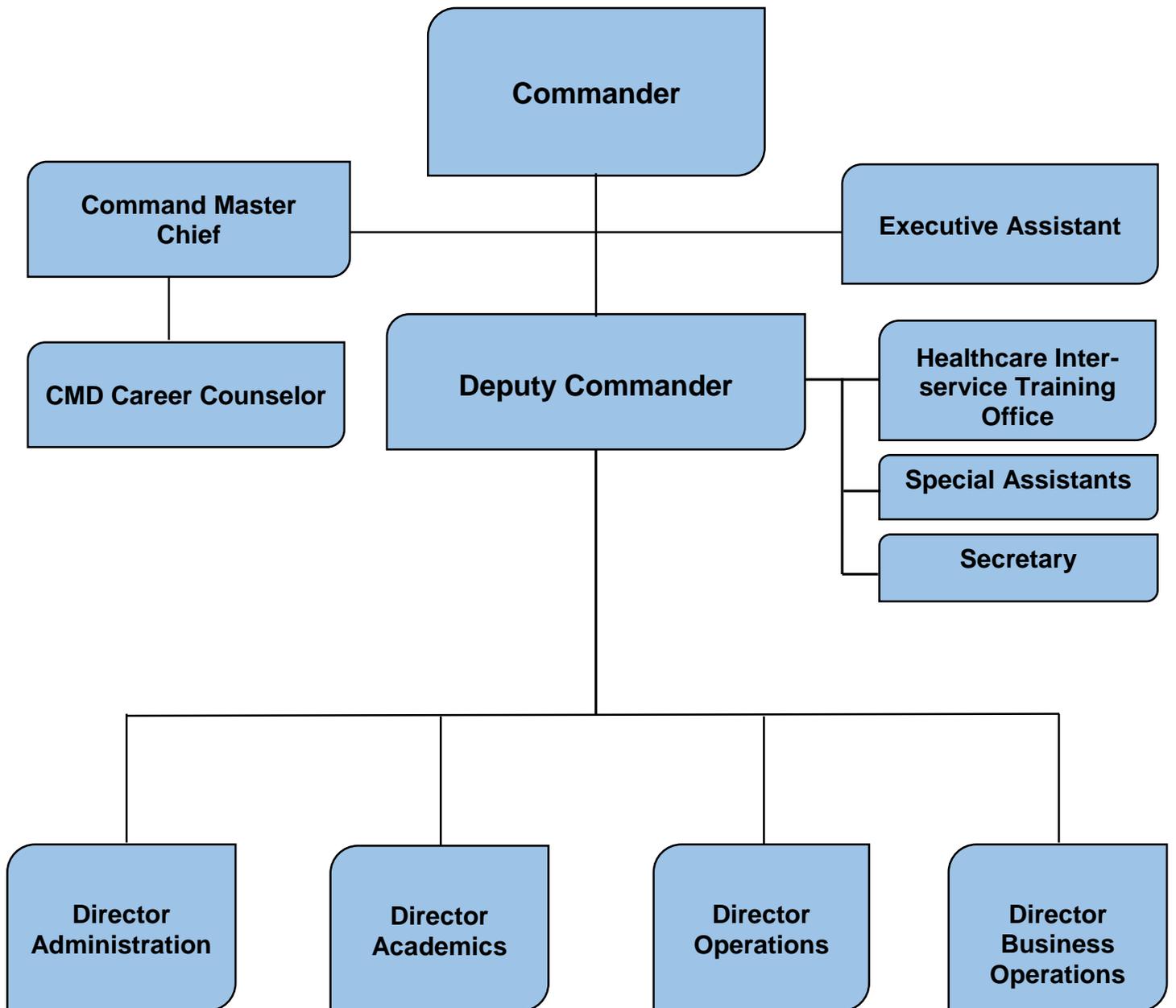
NMETC Organization Financial Rollup

*FY16 based on command planning figures

Allocation	FY14 Execution	FY15 Plan	FY15 Execution (1 May 2014)	FY16 Plan
NMETC HQ	\$6,861,995	\$3,415,400	\$1,304,403	\$2,907,000
NMPDC	\$18,747,864	\$20,364,200	\$14,355,539	\$22,155,000
NMOTC	\$27,614,956	\$32,108,000	\$22,569,047	\$32,368,059
NMTSC	\$4,548,905	\$3,205,000	\$2,057,987	\$1,731,000
Total	\$57,773,720	\$59,092,600	\$40,286,976	\$59,161,059

Changes across the fiscal years represent one time additions for either facility projects or modeling and simulation program support (equipment and contracts).

NMETC Headquarters



Navy Medicine Education and Training Command Headquarters FY16 Business Plan

The NMETC Headquarters (HQ) component consists of five major product lines located at Joint Base San Antonio, Texas. The product lines include: Headquarters leadership and HC-ITO, the Academics Directorate, the Administration Directorate, the Operations Directorate and the Business Operations Directorate. The subsequent pages of this document provide descriptive information for these specific NMETC HQ product lines.

Joint Collaborations

- ❖ BUMED M7 provides governance and policy direction for all Navy medicine education and training (E&T).
- ❖ The Inter-service Training Office (HC-ITO) provides unbiased, analytic support to the services in an effort to establish joint training curriculum for the Medical Education Training Campus (METC); supports DoD, BRAC directives and training transformation initiatives; and facilitates medical inter-service training studies/reviews for all military medicine.
- ❖ Client executive services for several support functions such as resource management, facilities management and occupational health and safety are provided by BUMED.
- ❖ The NMETC Academics directorate works regularly with civilian universities, colleges and state licensure authorities.
- ❖ The Academics directorate provides guidance and consultation to non-BSO entities (e.g., Marine Corps, Fleet Forces, Veteran's Administration, and MTF Learning Centers) on various items such as Job Duty Task Analyses, curriculum recommendations, and instructional systems.
- ❖ NMETC and its three locations are a tenants and receive related support and services from the following sponsoring commands - Joint Base San Antonio, Texas, Naval Air Station (NAS) Pensacola, Florida, and Walter Reed Military Medical Center, Bethesda, Maryland.
- ❖ The Navy Education and Training Command (NETC) provides instructional guidance such as the NAVEDTRA 130 series; data systems support; and serves as guide on for education and training methodologies.
- ❖ The Navy Medicine Modeling and Simulation Training (NMMAST) program office is the execution agent for Navy Medical M&S and participates as a voting member in the Federal Medical Simulation and Training Consortium.
- ❖ NMETC staff members serve on multiple Expeditionary and Operational cross-organizational workgroups for activities such as Expeditionary Health Service Support (EHSS) Capability Based Assessment; Individual Augmentee (IA); Role III training; and Readiness Reporting.
- ❖ To create a culture of transparency and collaboration in regards to Tri-Service medical enlisted training, NMETC is part of a work group with Army, Air Force and the Medical Education and Training Campus (METC), to update the Memorandum of Agreement for the inter-Service relationships, responsibilities, processes, policies, and resourcing of the METC.

FY16 Business Initiatives

NMETC HQ has developed three business initiatives, aligned to BUMED's goals of Readiness, Value and Jointness, as described below. The development, implementation and monitoring of these initiatives is vital to our future successes and in establishing the viability of NMETC HQ during the BUMED/NMETC re-invention process.

Readiness: *We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.*

Value: *We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.*

Jointness: *We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.*

Readiness: #1: NMETC Organization Alignment

POM alignment: None

Command/Action Officer		Target Completion Date	
NMETC/CDR Montilla		30 January 2016	
Action(s)			
Align NMETC organization to best execute Mission, Functions and Tasks, in accordance with following POA&M			
ACTION	AO	COMPLETION DATE	STATUS
Commander Approval	COS	24 JUL 15	Approved
Request gap fill	Admin	31 JUL 15	Completed 27 JUL 15
Civilian Position Description Adjustments	HR	30 OCT 15	Adjust PD's Pending
Align AMD	Admin	1 OCT 15	Started
Re-location Resource/Logistics (local)	Admin/RM	30 OCT 15	Bldg. 147 (Feasibility Work)
NMETC Organization Manual	Admin/DCOS	30 OCT 15	MFT Foundational Work
Develop Change POA&M	Operations	1 OCT 15	Plan of Action and Foundational Work
Execution	NMETC	1 OCT 15	Pending
Transfer of Function	BUMED	1 DEC 15	Pending
Current Status			
1. Commander approved organizational re-design 27 JUL 15. 2. Letter sent to BUMED requesting gap fill 27 JUL 15. 3. Initial/outline POA&M developed by Operations to monitor progress and milestones 24 JUL 2015.			
Metric			
1. Fill rate (the number of authorized billets/onboard personnel) 2. Milestones accomplished by established completion date.			

Value: #1: Re-institute NMETC Command and AOR Continuous Performance Improvement Efforts
POM alignment: None

Command/Action Officer	Target Completion Date
NMETC HQ Operations Department/Ms. Pat Craddock	1 October 2015
Action	
Re-institute functional Command and AOR continuous process improvement department and processes	
Current Status	
Projected start date 30 SEP 2015, pending review of MFT and resource alignment	
Metric	
Number of projects completed in FY16	

Value: #2: Improved Life Cycle Management by Application of Effective Human Performance Requirements Review (HPRR) Processes
POM alignment: None

Command/Action Officer	Target Completion Date
CDR Ethan Josiah, Head, Curriculum Management/Mr. Davis, ISS Lead	30 September 2016
Action	
Establish a standardized and timely process for conducting Human Performance Requirements Review (HPRR) and resolving Action Chits.	
Current Status	
The HPRR process is inconsistent, leading to delays in closure of HPRRs and in implementing recommended/required program changes.	
Metric	
90% of HPRRs will be closed within 90 days of the adjournment date of the HPRR. Metric parameters – number of HPRR studies closed within 9 months/total number of HPRR studies conducted (an annual metric, initially using FY16 data).	

Value: #3: Develop model to determine total cost of ownership of NMETC products and services

POM alignment: None

Command/Action Officer	Target Completion Date
NMETC Business Operations Department/Ms. McIntire	1 March 2016
Action	
Align cost accounting system to product and service lines.	
Current Status	
Projected start date 1 NOV 2015. No current cost accounting system that is discrete enough to map all programs, projects and products and services.	
Metric	
Development of an initial accounting model that targets groups of products and services.	

NMETC HQ

Manpower and Personnel

Authorized and Resourced Billets by Product Line

Product Line	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Command Suite & Specialist Assistants	5	5	3	3	6	6	0	0	14	14
Administration	2	2	3	3	1	1	0	0	6	6
Human Resources	0	0	1	1	1	1	0	0	2	2
Logistics	1	1	2	2	1	1	1	1	5	5
Dir, Academics	1	1	1	1	1	1	0	0	3	3
Education Operations	0	0	5	5	5	5	0	0	10	10
Curriculum Management	2	2	7	7	7	7	0	0	16	16
Human Performance	2	2	0	0	0	0	0	0	2	2
Education/Training	3	3	0	0	0	0	0	0	3	3
Dir, Operations	0	0	0	0	1	1	0	0	1	1
Current Operations	3	3	0	0	2	2	0	0	5	5
Future Operations	3	3	2	2	0	0	1	1	6	6
ITRO	1	1	0	0	1	1	2	2	4	4
Total	23	23	24	24	26	26	4	4	77	77

Summary of significant changes and impact that occurred in FY16:

Two (2) additional FTE authorized by BUMED: 1 Facility Engineer and 1 ISS

Lost two FTS billets – 1 Officer & 1 Enlisted

Gained an MSC 2300H Comptroller billets from NMPDC

NMETC HQ

Personnel on Board by UICs

UIC	Command Name	Officers		Enlisted		Civilians		Contractors		Total	
		FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
68907	NMETC HQ	19	22	17	25	25	25	2	2	63	74
47005	DET SASTX ITRO	1	1	0	0	1	1	2	2	4	4
50340	DET BETH	1	0	6	2	0	0	0	0	7	2
62906	DET JAX	1	0	3	1	0	0	0	0	4	1
	Total	22	23	26	28	26	26	4	4	78	81

Navy Medicine Education and Training Command

23

**NMETC HQ
Resources**

Product/Service Line	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
CIVPAY	2,683,500	2,593,700	1,029,878	2,557,000
Command Suite	1,213	161,000	13,909	
Travel	119,178	133,700	93,158	150,000
Director for Administration	47,116	236,800	14,947	
IM/IT	218,156	187,900	80,010	
Communications	27,018	6,000	13,846	
Postal Services	2,000	4,000	351	
Printing	17,651	5,000	324	
Transportation	10,704	12,000	0	
Utilities Management	58,714	60,000	0	
Education and Training	2,010,758	70,000	59,979	
Supplies				60,000
Trailer Lease Option Period				140,000
Housekeeping	33,576			
Facility Maintenance	1,632,411			
Total	6,861,995	3,415,400	1,306,403	2,907,000

Allocation	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
Bag 1 – N/A for NMETC				
Bag 2 – N/A for NMETC				
Bag 3	1,610,673	876,400	1,029,878	
Bag 4	318,156	277,900	80,010	87,000
Bag 5 – N/A for NMETC				
Bag 6	3,168,743	1,937,300	167,048	2,820,000
Bag 7	1,764,423	323,800	29,467	
Total	6,861,995	3,415,400	1,306,403	2,907,000

R³

Relevant, Responsive, Requested

**NMETC HQ
Performance Measures**

Directorate	Metric Title	Metric Parameters Numerator/Denominator	Goal FY 16 Plan	Target Goal
Administration	Manpower Fill Rate	<u>Goal:</u> Number of authorized billets/personnel onboard <u>Target:</u> Number of billets filled/Total billets	85% or higher	100% billets filled
Administration	Milestones for Organizational Alignment	<u>Goal:</u> Number milestones on-time/Total number of milestones <u>Target:</u> Number of milestones completed/Total number of milestones	85% or higher	100% complete
Operations	Project Completion	<u>Goal:</u> Number of projects on scheduled/Total number of projects <u>Target:</u> Number of projects closed/Total number of projects	80% or higher	80% or higher
Academics	JDTA Completion	<u>Goal:</u> Number of completed JDTCAs/ Total number of officer and enlisted occupations assigned to NMETC needing JDTCAs <u>Target:</u> Overall number with competed JDTCAs/Total number of officer and enlisted occupations assigned to NMETC needing JDTCAs	75% or higher	90% or higher by end of FY17
Academics	JDTA Completion using E2E process	<u>Goal:</u> Number of completed JDTCAs in CPM/Total number of officer and enlisted occupations assigned to NMETC with JDTCAs (using E2E process) <u>Target:</u> Overall number with competed JDTCAs entered in CPM/Total number of officer and enlisted occupations assigned to NMETC with completed JDTCAs (using E2E process)	20% or higher	90% or higher
Academics	HPRR's Completion	<u>Goal:</u> Number HPRRs completed/Total number of HPRRs scheduled <u>Target:</u> Number of courses with HPRR/Total number of courses	85% or higher	90% or higher
Academics	Action Chit Closure	<u>Goal:</u> Number of action chits closed within 90, 180, 270 or >270 days/Total number of action chits <u>Target:</u> Number of action chits closed/Total number of action chits	50% for 90 days 75% for 180 days 85% for 270 days <15% for > 270 days	85% or higher closed in <270 days

NMECT HQ Products and Services

Product Line

Academics

Description and Value to Navy Medicine

The Academic Directorate maintains academic oversight and provides education and training programs for Navy Medical Department personnel. Primary functions include: curriculum management; reusable learning object design and implementation; blended course redesign; curriculum to skill object mapping (Job Duty Task Analysis); redundant curriculum elimination; instructional systems specialists services; registrar; accreditation and certifications; schoolhouse training interface; train the trainer oversight; implementation of the subject matter expert program; professional medical education; executive skills program development and maintenance; managing graduate medical education; rating manual/exam development; content conversion to Integrated Learning Environment (ILE) standards; and linking learning objects with skill objects.

The Director is also the designated Service Voting Member for Navy Medicine Training issues at the Medical Enlisted Training Command (METC) in San Antonio chronicled via the Inter-service Training Regulation Organization (ITRO) and for VA Shared Training via the Healthcare Executive Committee (HEC).

Value to Navy Medicine:

- Readiness – Ensure the development, execution, and viability of initial entry, advanced technical, professional development and trauma training programs; operates a robust Learning Management System for global hosting, tracking, and documentation of required training.
- Value – Executes a curriculum Life Cycle Management process that is responsive to the changing needs of field Commanders.
- Jointness – Explores opportunities to recognize efficiencies and utilization of Best Practices by leveraging training across the Services.

Products / Services	Product / Service Description
Curriculum Management	Curriculum oversight, development and approval authority; development and coordination of policies and processes in identifying and validating job task analyses that support training curriculum content; occupational standards; rate training manual development; and the development of questions for advancement exam testing. Program management of the Dental Hygiene, Submarine and Surface Independent Duty Corpsman (IDC) programs.

Navy Medicine Education and Training Command

26

Human Performance	Utilize industry standard human performance improvement (HPI) methodology and tools; analyze, design, develop, and/or conduct evaluations/assessments of performance issues; facilitate Business Case Analysis Creation, conduct Front End Analysis, and review Job Duty Task Analysis; research efficient and cost effective solutions to resolve performance issues.
SEAT Program Management	Provides governance and oversight for the execution of training programs at military treatment facilities throughout Navy Medicine. Disseminates policy guidance and liaises with BUMED program owners and SEAT community. Provides recommendations to BUMED on Education and Training policy. Oversees all aspects of the Navy Medicine enterprise-wide Learning Management System.
Emerging Technologies	Provides a means for leveraging technology to support education and training through graphic art, video streaming, 3D-graphics and gaming. Provides the methods and means for utilizing the blended learning with technology adjuncts. Explores opportunities to establish standardized, integrated, scalable, innovative, and state-of-the-art training platforms across the Services.

R³

Relevant, Responsive, Requested

Product Line

Operations

Description

Provides oversight, implementation, and management of business planning, performance improvement, metric management, data quality and analysis for the AOR; and advanced technologies integration and program management for the Navy Medicine Simulation Program.

Value to Navy Medicine

Improve NMETC enterprise performance through the use of strategic and performance planning; measurement, analysis, and regular assessment of progress; and the strategic use of simulation technology for education and training.

Products / Services	Product / Service Description
Strategy and Planning	Comprised of the Plans and Strategies Division and the Product Development Division. Provides planning and product development for the NMETC AOR Responsible for alignment of command strategies, initiatives and priorities across the AOR with business and strategic forums. Manages planning efforts to include strategic and business or annual planning process for headquarters and the other commands assigned to NMETC. Also includes the analytical functions of Front End Analysis and Business Case Analysis as required to support ongoing curriculum development and course modifications and development.
Performance Management	Comprised of the Performance Standards and Metrics Division and the Program Management Division to include Continuous Process Improvement. Provides structured program management to support the various “portfolios” of Navy Medicine Education and Training to include program management as assigned. Ensures that relevant information is presented and that it drives improvement efforts for the NMETC enterprise. Responsible for performance management and performance improvement projects and efforts at the Command level and across the AOR. Provides a means for the organization to collaborate and integrate the knowledge of staff. Develops tool boxes that are centrally available for the community of practice of education and training staff.

Navy Medicine Education and Training Command

28

Education Operations	<p>Comprised of the Registrar, CeTARS and Quota Management Divisions, and Primary ITRO Representative. Provides Registrar support, Navy Medicine Liaison to the American Council on Education (ACE) and the Council on Occupational Education (COE), professional medical education and certification verification, metric development and tracking, schoolhouse CeTARS access, training and support, to include regular quality reviews/reports. Provides CeTARS and Quota Management consultative support to METC Registrar's Office. Ensures accuracy of the CANTRAC and Defense Health Affairs Course Catalog for Navy Medicine. Ensures Navy ITRO voting member is informed of all significant program initiatives. Coordinates staffing of and development of responses for decisions on ITRO policies, and Staff Actions. Develops framework for evaluative tool to determine training effectiveness and facilitate life cycle management of programs.</p>
----------------------	---

R³

Relevant, Responsive, Requested

Product Line Administration

Description

Provides general administrative duties within NMETC including the oversight, implementation, and management of all administrative functions to include correspondence, manpower, POMI, military and civilian personnel evaluations, IM/IT support, supply management, resources management and the equipment management program for the AOR.

Value to Navy Medicine

The Director is charged with correspondence control, personnel action functions, the Awards Program, leave control, supply, PLR, collateral duty list, Navy message traffic, command mail, and maintaining the command recall roster.

Products / Services	Description
Administration	Responsible for full administration and correspondence support for NMETC. Manages NMETC Headquarters functions to support, maintain, and plan for future requirements in areas of active duty performance evaluation, command orientation, training, special pays, and recognition matters; message communication; other headquarters support services such as processing internal and outgoing correspondence.
Civilian Personnel	Responsible for the management of civilian personnel matters for NMETC and the AOR including: oversee AOR implementation of Department of the Navy civilian personnel policies, creating and routing personnel actions, classification of position descriptions and serve as an advisor to the Command Position Management Committee.
Manpower	Responsible for independent organizational and manpower utilization studies for NMETC and its subordinate organizational components. Reviews and recommends improvements and efficiencies based on reviews or activity organization structure and/or functions in order to make recommendations on substantive problems affecting major aspects of the NMETC training programs and requirements. Recommends changes to organizational structures, realignment of functions, and/or staffing levels, to improve efficiency. Originates and/or reviews Manpower Change Requests submitted based on change of functions or reorganization changes. Reviews and makes recommendations on current and future manpower requirements.

Navy Medicine Education and Training Command

<p>Personal Security Program</p>	<p>Responsible for the management of information security as well as authorize initial and continued access to classified information and/or initial and continued assignment to sensitive duties to those persons whose loyalty, reliability and trustworthiness are such that entrusting them with classified information or assigning them to sensitive duties is clearly consistent with the interests of national security. Additionally, the PSP ensures that no final unfavorable personnel security determination will be made without compliance with all procedural requirements. The Security Manager is the key in developing and administering the NMETC's Information Security Program (ISP) and PSP as well as providing oversight and support to subordinate activity Security Managers. The Security Manager is the principal advisor on information and personnel security in the command (except issues specific to SCI, IT security and SAPs unless officially designated for these additional duties and responsibilities) and is responsible to the commanding officer for the security program management.</p>
----------------------------------	---

Product Line

Business Operations

Products / Services	Product / Service Description
Resource Management	Oversees the execution of resources budgeted for NMETC HQ; Advisor and staff assistant to the Commander in matters related to resource management within the Command and across the AOR; Administers funds, provides budgeting, accounting, fiscal guidance and agency coordination of the government's purchase and travel card programs; Oversee the Command's Management Internal Control Program and the technical aspect of the Support Agreement Program. Provide guidance; ensure reports are submitted in a timely manner; review, forward for review by subject matter expert (SME), and track reported material weaknesses and submit a quarterly report and annual certification statement of assurance; Function as the financial operations manager, ensuring budget and accounting functions are fully complete; Manage the government purchase and travel card programs for the Command. Direct and oversee the use of the Defense Travel System for NMETC; Execute the annual budget; Prepare and initiate budget calls and budget submissions; Monitor budget execution on a weekly, monthly, and/or quarterly basis; Give analytical assessment of activity level execution and recommend executable actions; Account for fiscal revenues and expenditures; Ensure fiscal postings are correct to the document level and take corrective action when discrepancies are noted; Provide memorandum of understanding/inter-service support agreement (MOU/ISSA) coordination; Provide technical assistance and review of enterprise MOU/ISSA packages to ensure complete analysis prior to submission.
Logistics	Responsible for full supply, IM/IT, and facilities management support; Manages functions to support, maintain, and plan for future requirements in areas of supply management to include equipment management and mail services, information management, and facilities management to include physical security; Manage NMETC Enterprise Government Purchase Card Programs; Administer the equipment and supply management programs; Administer Command Defense Automated Printing Service (DAPS) printing requests; Administer the Command's mail service operations; Manage IM/IT services; Administer the Command's Life Cycle Management (LCM) program; Initiate or review all IM/IT requisitions; Manage the Command's information systems security needs; Administer and manage the Command's intra and internet pages; Maintain the Command's computer infrastructure; Manage the Command's computer Help Desk; Maintain Command's communications program to include VTC capability.
Facilities Management	Serve as the program manager for facilities management functions. This includes design, funding, maintenance of real property, military construction, special projects, transportation management, and energy conservation; Provide for physical security and facilities maintenance of the NMETC.

Product Line Healthcare Inter-service Training Office

Description

Per OPNAVINST 1500.27G, the Healthcare Inter-service Training Office (HC-ITO) provides policy and guidance for inter-service training, addresses the effectiveness and efficiency of training, and facilitates medical inter-service training studies/reviews. The office also supports DoD/BRAC directives and training transformation initiatives.

The Health Care ITO is one of six service ITOs, and represents Navy, Marine Corps, Army, Air Force and Coast Guard interests. The Navy serves as the Executive Agent.

The Inter-service Training Advisory Board (ITAB) is the decision-making body for the health care inter-service training, and is responsible for identifying and prioritizing areas with potential for consolidation/collocation. The ITAB coordinates and formulates the Service positions. The NMETC Commander, is neutral and serves as the ITRO Advisor for Health Care (ACH) and chairs the ITAB. The NMETC Commander appoints the academic director to serve as the voting member on the ITAB, representing Navy interests.

Value to Navy Medicine

The HC-ITO coordinates the establishment of multi-service training solutions for common training requirements, enabling the participating Services to preserve training resources as expressed in terms of manpower, equipment, funding, and facilities.

Products / Services	Description
Management, Analysis and Guidance	Coordinate the activities and provide guidance to the Health Care Inter-service Training Advisory Board, Quick Look Groups, Detailed Analysis, Standing Committees, and other groups.
Reports & Briefings	Provide briefings, reports, and information to appropriate authorities, such as Congress, Assistant Secretary of Defense for Health Affairs, the Surgeons General, and ITRO boards and committees.
Liaison	Serve as a member of the ITRO Steering Committee, principal inter-service liaison with the Community College of the Air Force and DoD Commissioner to the Council on Accreditation of Allied Health Education Programs. Serves as principle liaison with Medical Education and Training Campus (METC) on all Inter-service issues.

Business Plan Review: Prelude

On 18 November 2015, RADM McCormick-Boyle conducted a final review of the FY16 Business Plan with the Commanders and Directors from throughout the NMETC domain. The major outputs of the meeting are represented below, and included: NMETC priorities for FY16; and “Way-ahead” for each Command within the NMETC domain.

A) NMETC FY16 Priorities: (Not presented in any specific priority/order)

- | |
|--|
| <ol style="list-style-type: none"> 1) Re-invention work efforts and products. 2) Mission, Function and Task approval by BMED. 3) Additional manpower request submitted, pending approval. 4) A resource management structure that provides clarity and is over-arching and includes the NMTSC relationship. 5) Space/Facilities needs being resolved and co-location of all personnel assigned to NMETC HQ. 6) NMLC alignment under NMETC. 7) Development and implementation of a robust CPI program and metrics designed to demonstrate processes and successful business practices. |
|--|

B) NMETC Enterprise Way-Ahead:

NMETC Headquarters Way-Ahead

<p style="text-align: center;"><u>Emerging Issues</u></p> <p>DFA - BUMED Reinvention request for 16 Billets</p> <p>DFA - Resource Management remains with BUMED, until BUMED identifies billets for future state</p> <p>DFA - NMLC Realignment</p> <p>ACA - Exposing Legacy processes do not translate to E2E processes</p> <p>OPS - Hiring process for CPI Program Manager</p>	<p style="text-align: center;"><u>Business Plan Adjustments</u></p> <p>DFA - Add NMLC Summary to Business Plan</p> <p>ACA - Life Cycle management lengthen to address Legacy issues/problems</p> <p>OPS - Adjust dates and COAs pending acceptance of individual for CPI Program Manager</p>
<p style="text-align: center;"><u>Unfunded Resources/Barriers</u></p> <p>DFA - HQ Space</p> <p>DFA - Billets (16)</p> <p>ACA - Poorly identified requirements/resource sponsors</p> <p>OPS - Blackbelt Training</p> <p>OPS - CPI Software</p>	<p style="text-align: center;"><u>Mitigating Strategies</u></p> <p>DFA - Go Navy, Beat Army!</p> <p>DFA - Continue follow-up actions with BUMED</p> <p>ACA - Onboarding and training of all staff</p> <p>ACA - Improve communications with Learning Centers</p> <p>ACA - Improve responsiveness to Learning Centers</p>

NR NMETC Way-Ahead

<p style="text-align: center;"><u>Emerging Issues</u></p> <ul style="list-style-type: none"> • Unit move to San Antonio Jan 2016 • New Officer In Charge – Jan 2016 • Standard Operating Procedure Review for TNCC and TCCC • Logistic support of TCCC to NMETI 	<p style="text-align: center;"><u>Business Plan Adjustments</u></p> <ul style="list-style-type: none"> • Identify platform for Library • Marketing Effort to support SWANK and library projects • SME database delayed due to platform and DHA enterprise considerations
<p style="text-align: center;"><u>Unfunded Resources/Barriers</u></p> <ul style="list-style-type: none"> • NMETI funds to support shipping TCCC course materials • Billet move time line uncertainty 	<p style="text-align: center;"><u>Mitigating Strategies</u></p> <ul style="list-style-type: none"> • Proactive communications concerning all Initiatives to members and commands • Continue to conduct meetings with stakeholders to push agenda forward

NMOTC Way-Ahead

<p style="text-align: center;"><u>Emerging Issues</u></p> <ul style="list-style-type: none"> • E2E as a new process • Fleet knowledge on how to validate requirements 	<p style="text-align: center;"><u>Business Plan Adjustments</u></p> <ul style="list-style-type: none"> • 4/10 Strategic Initiatives were added after the 2015 Annual Business and Strategic Planning meeting held in September 2015
<p style="text-align: center;"><u>Unfunded Resources/Barriers</u></p> <ul style="list-style-type: none"> • Flight Medic Course cost to launch-currently being addressed by NMETC and Client Exec. • EMF Lacks Platform Sponsorship Doctrine/Curriculum/Defined Resources 	<p style="text-align: center;"><u>Mitigating Strategies</u></p> <ul style="list-style-type: none"> • Continue to POM for command requirements • Address new items with UFRs as needed with Client Exec.

NMPDC Way-Ahead

<p style="text-align: center;"><u>Emerging Issues</u></p> <ul style="list-style-type: none"> • Pages 2 and 15 of the FY 2016 Business Plan reference an Interservice Support Agreement (ISSA) between Walter Reed National Military Medical Center (WRNMMC) and NMPDC concerning the continued funding support and operations of the Naval Postgraduate Dental School (NPDS). This agreement was originally approved on 25 April 2011, was subsequently renewed on 13 September 2013, and is in effect through 30 September 2018. At the beginning of FY 2016, the WRNMMC comptroller unilaterally prohibited access to the NPDS DMLSS accounts and associated funding under the “assumption” that the previous relationship would change. Following clarifying direction from higher headquarters, WRNMMC reversed this actions. • Page 3 of the FY 2016 Business Plan references NMPDC’s desire to begin delivering a one week in-residence portion of the Basic Medical Department Officers Course in order to align the Navy Medicine Strategic Continuum. • The Command is preparing for numerous major construction projects in an around the area of the Tower (Building 1). The Command will attempt to “manage expectations” to the extent possible with respect to noise and logistics, but may be forced to hold Academic Program classes elsewhere. 	<p style="text-align: center;"><u>Business Plan Adjustments</u></p> <ul style="list-style-type: none"> • As referenced on Page 20 of the FY 2016 Business Plan, the General Preventive Medicine (GPM) & Occupational and Environmental Medicine (OEM) FTIS program funding was transferred to USUHS. • As also referenced on Page 20 of the FY 2016 Business Plan, the transfer of all CRNA student billets and funding to USUHS was completed. • As referenced in Page 3 and Page 22, footnote #2 of the FY 2016 Business Plan, the Command wishes to adjust the delivery method for the Basic Medical Department Officers course by adding a one week in-residence component to the current online course <u>upon approval from higher authority</u>.
	<p style="text-align: center;"><u>Unfunded Resources/Barriers</u></p> <ul style="list-style-type: none"> • Page 22, footnote #2 of the FY 2016 Business Plan makes clear that funding is available within the Program of Record to beginning hosting the one week portion of the Basic Medical Department Officers Course <u>upon approval from higher authority</u>.

Mitigating Strategies

- Non-BSO-18 continuing education funding for Dental Officers serving in positions outside of BSO-18 was previously provided on a biennium basis. The Command is now able to fund these officers annually with Non-BSO-18 funding. This is a critical step to ensuring that Dental Officers in the fleet are able to get needed CE hours to renew their licensure, and that specialists are able to attend their specialty conferences each year, helping to ensure that Navy dentists are staying on the cutting edge and are providing the highest quality dentistry.
- The Command will look to potentially schedule classes at different locations on the compound or possibly at the contract hotel, meaning contract actions.

NMTSC Way-Ahead

<p><u>Emerging Issues</u></p> <ul style="list-style-type: none"> • NAVMISSA (DHA HIT Staff)/DIMO/DMRTI/POD being subsumed by DHA • UIC 48868 potentially realigned under METC • Ongoing barracks/facilities problem. • Lack of continuity re: Legal and IT support. 	<p><u>Business Plan Adjustments</u></p> <ul style="list-style-type: none"> • Commanding Officer, NMTSC provide Title 10 authority for 24 DHA HIT staff • Robust communications and marketing objectives • Robust facilities coordination of efforts • 1 year contract IT support; Legal is under negotiation with the JAG detailer.
<p><u>Unfunded Resources/Barriers</u></p> <ul style="list-style-type: none"> • Current CR – impacts vulnerability assessment (VA) of barracks • Facilities Manager billet (civilian) • Gapped JAG billet and discontinued IT contract support. 	<p><u>Mitigating Strategies</u></p> <ul style="list-style-type: none"> • MOA being developed (DHA) • Education and Training MOA (METC) • Request for BUMED’s funding coverage for VA • Commitment from NMETC CE regarding funding of Facilities Manager billet • Consideration of FTEs for JAG and IT

Navy Reserve

Navy Medicine Education and Training Command

1

Navy Reserve Navy Medicine Education and Training Command FY16 Business Plan



R³

Relevant, Responsive, Requested

Navy Reserve

Navy Medicine Education and Training Command

2

Executive Summary

Commanding Officer: CAPT Karen Kreutzberg, USN, NC
Executive Officer: CAPT Julie Zappone, USN, NC
Senior Enlisted Advisor: HMCS Jeffrey Tabor, USN
Business Plan Contact: CDR Mitchell Harp, USN, MSC

Command Mission

In support of Navy Reserve Medicine professional development continuum, NR NMETC ensures education, training readiness and tracking for Navy Reserve Medicine (NRM). NR NMETC offers premiere education and training through exportable teams, and the provision of subject matter of experts to the fleet. This training readiness enables the capabilities of NRM assets to provide fleet health services and implement force health protection initiatives that align and collaborate with NMETC as a center for excellence for TNCC and TCCC.

Command Vision

We will be the model for Navy education and training. We ensure Navy Reserve Medicine's (NRM) training readiness resources with an organizational commitment to efficiency, accessibility, and operational readiness.

Who We Are

Navy Reserve Navy Medicine Education and Training (NR NMETC) command strives to accomplish our stated mission and vision by providing the following functions to NRM:

- Visibility of training opportunities and facilitating the execution of NRM readiness training.
- Identifying Subject Matter Experts (SME) throughout NRM in support of Navy Medicine education and training mission requirements.
- Directing NRM's exportable Trauma Nursing Core Course (TNCC) and Tactical Combat Casualty Care Courses (TCCC).
- Developing and managing an active SharePoint library for training Standard Operating Procedures (SOP) and other source documents for training missions.
- Managing the Learning Management System (LMS) to build capability for training and tracking.

R³

Relevant, Responsive, Requested

Navy Reserve
Navy Medicine Education and Training Command

3

The Way Forward

In support of the professional and career development continuum, Navy Reserve Medicine (NRM) Education and Training exists to ensure the education and training readiness and tracking for NRM. This training readiness enables the capabilities of NRM assets to provide fleet health services and force health protection initiatives.

Reporting to the Commander, Navy Medicine Education and Training Command (NMETC), in coordination with Bureau of Medicine and Surgery (BUMED) M10, Navy Reserve Medicine Education and Training Command (NR NMETC) is a medical unit led by a post-command Officer In Charge (OIC) in the business of executing defined education and training initiatives for Navy Medicine.

NR NMETC serves approximately 2,406 officers and 4,552 enlisted members who have a constant need to maintain training readiness through education and skill development. To help NRM meet their training goals, NR NMETC can serve as implementation consultants by working with individual commands to discover needs, design solutions and delivery results through identified resources and customized training plans.

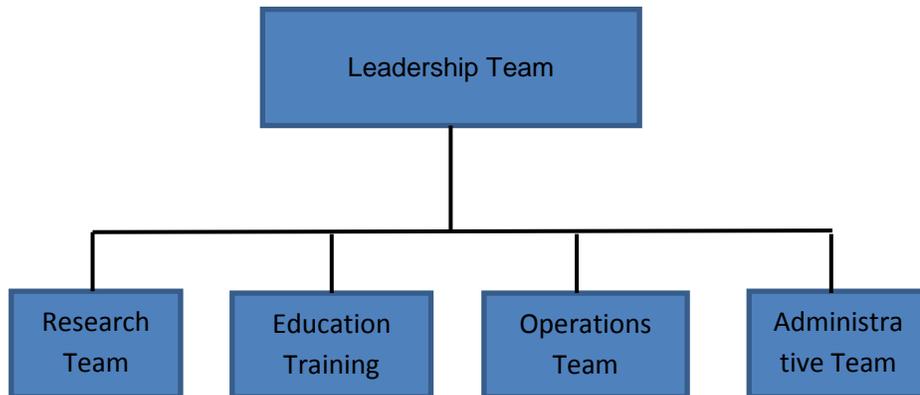
For fiscal year 2016, NR NMETC proposes a total 30 billets; 21 officer and 9 enlisted members. The officer cadre includes SMEs from each Corps, combat care instructor trainers, POMI-experienced officers, and staff with advanced Information Management/Information Technology experience. The proposed Enlisted staffing model is E-5 and above with operational and training experience.

NR NMETC is currently located and drilling quarterly in the former Navy Medicine Support Command (NMSC) site in Jacksonville, Florida. Going forward, full alignment is proposed with NR NMETC's gaining command, NMETC HQ in San Antonio, with a close working relationship with Naval Expeditionary Medical Training Institute (NEMTI) Camp Pendleton. This location will maximize productivity, especially during drill periods, and foster key Active Component/ Reserve Component relationships to support Navy Medicine education and training initiatives.

Navy Reserve
Navy Medicine Education and Training Command

4

Operating Picture 2016:



Leadership Team Duties:

1. Provide leadership to command while continually reassessing vision and alignment to AC and Strategic Goals of the Surgeon General.

Research Team Duties:

1. Oversight and assessment of each medical communities training needs.
2. Oversight of all training, examination, instructor and quality standards.
3. Development of implementation training guide and plans.
4. Liaison and guidance to NRM Commands desiring to establish training with government agencies and installations.

Education and Training Team Duties:

1. Serve as onsite implementation consultants/advisors for training plans.
2. Oversight of all field training (TNCC, TCCC, etc.)
3. Oversight of all Instructor Development.
4. Evaluators of all training (Quality Control).

Operation Team Duties:

1. Oversight and development of resource database (Instructors-Subject Matter Experts).
2. Oversight & Tracking of completion data (LMS).
3. SharePoint management for one stop information site.

Navy Reserve
Navy Medicine Education and Training Command

5

Administrative Team Duties:

1. Correspondence
2. FITREPS
3. Awards
4. Recall Bills
5. Newsletters
6. SITREPS
7. Mobilization Tracking

NR NMETC recognizes this need for continuous training to maintain the high level of skill and competence required by the United States Navy. To assist in developing planned training, NR NMETC's will work with each command by providing the following services:

1. Access to services of highly skilled professionals for consultation.
2. Access and assistance in understanding Standard Operating Procedures (SOP) and other resources necessary to implement training.
3. Approved plan of training customizable for each location intended to equip command with needed resources to accomplish training.
4. Assistance with arranging joint service agreements for required training.
5. Feedback and assistance on how to overcome identified barriers to success.

Duties of the individual commands:

1. Provide leadership and proper supervision.
2. Provide Point of Contact for initial and ongoing assessments.
3. Work with NR NMETC to assess onsite subject matter experts.
4. Work with NR NMETC to assess current facilities and local resources available to developing plans for implementation and assuring effective training.
5. Implement training plans.
6. Provide NR NMETC required documentation for completed training.

NR NMETC will track all records related to sailor training regardless of outcome and information relevant to the operation of the program. This includes but is not limited to records of applicants, completion of training, relevant on the job experience and other pertinent data.

For fiscal year 2016, NR NMETC challenges, barriers to success, planned expansions, major projects and potential accomplishments are as follows:

Navy Reserve
Navy Medicine Education and Training Command

6

Challenges:

1. Determining appropriate billet scrub with amended NMETC titles for post command billets.
2. Moving personnel to new site location to leverage talent & integration with parent command.
3. Identifying qualified personnel for post command billets.
4. Qualified Subject Matter Experts identification creation.
5. Shift TCCC logistical and funding support to NMETI

Barriers:

1. Funding required for travel and other resources needed to establish new organizational alignment.
2. Identifying expertise for all teams.
3. Limited Equipment to conduct training.
4. TNCC funding challenges.

Planned Expansions:

1. None identified for fiscal year 2016.

Major Projects:

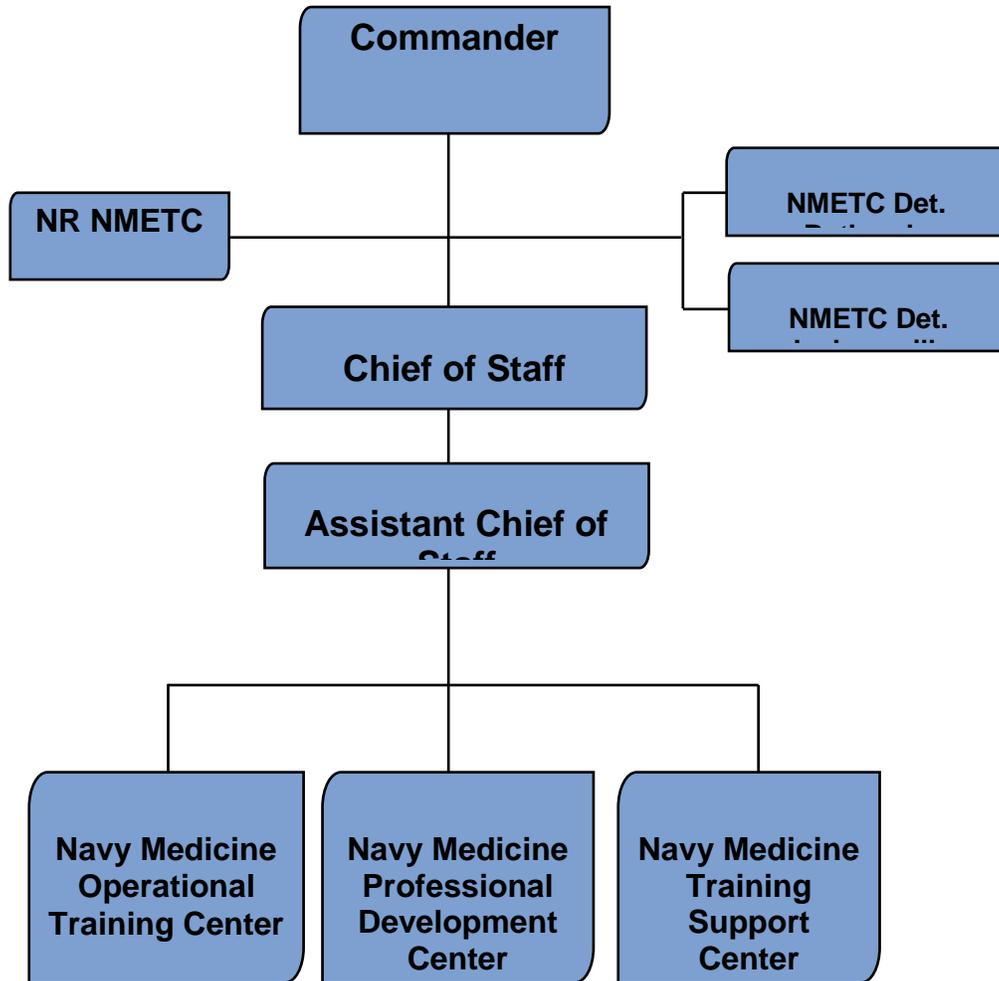
1. Align 30 Billets with NR NMETC (9 Enlisted and 21 Officers).
2. Move Headquarters Billets to NMETC San Antonio.
3. Interface with NEMTI (NR NMETC DET) at Camp Pendleton for Exportable Training Directors and Instructors.
4. Shift TCCC equipment packaging from NMPDC to NEMTI.

Potential Accomplishments:

1. Move towards current billet reduction in order to align command with new organizational structure.
2. Submit TRUIC changes and TFMMS packages to shift billets to new locations.
3. E-library development.
4. SME database development.
5. SWANK LMS professional development design.

Organizational Structure

ENTERPRISE ORGANIZATIONAL ALIGNMENT

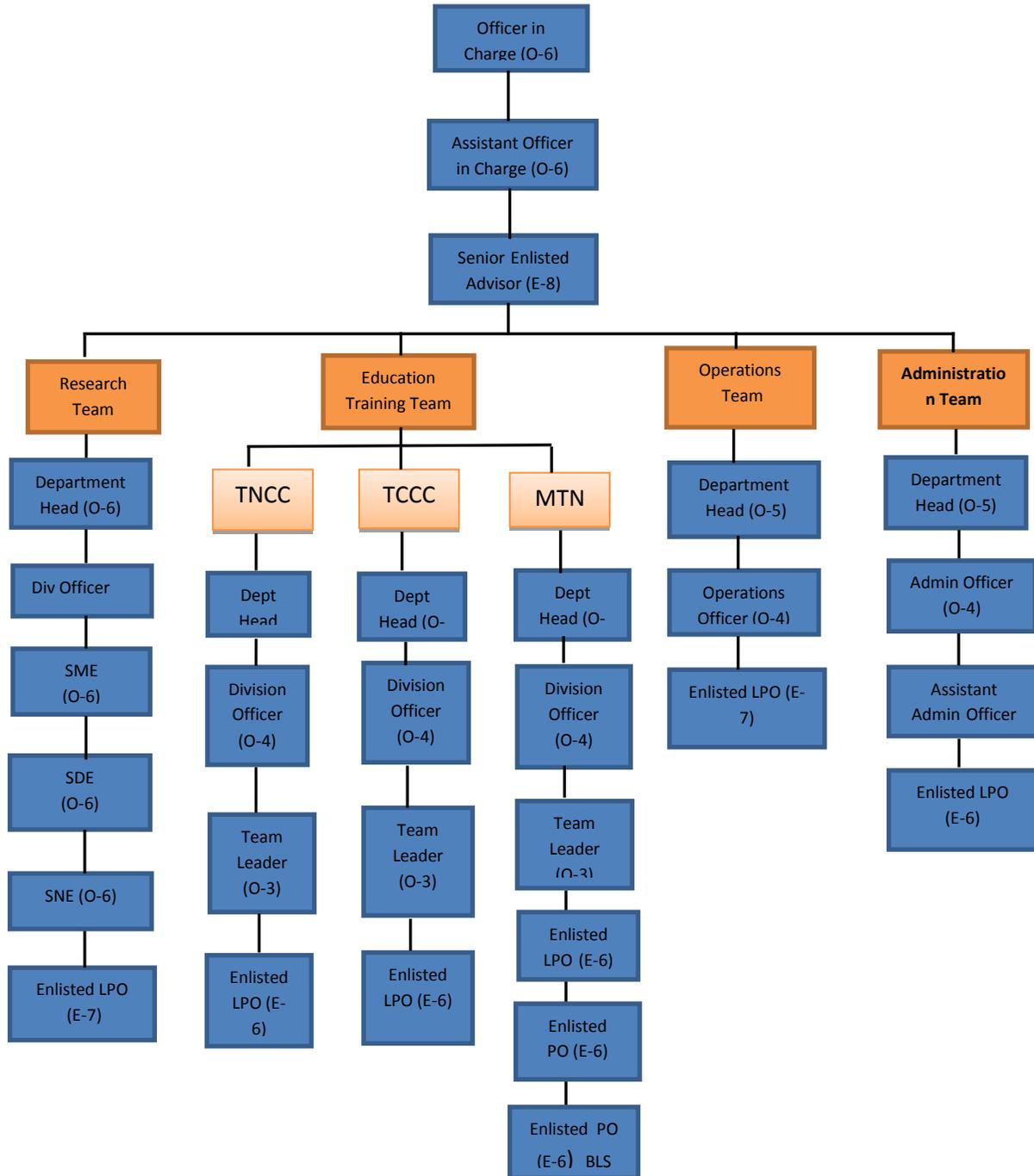


Navy Reserve

Navy Medicine Education and Training Command

8

Navy Reserve Navy Medicine Education Training Command Organizational Alignment



R³

Relevant, Responsive, Requested

Navy Reserve
Navy Medicine Education and Training Command

Facility Projects

Projected Facility Issues and/or Concerns

1. **Project Title:** Dual Location Realignment of Command

Description

NR NMETC is currently located and drilling as a unit quarterly in the former Navy Medicine Support Command (NMSC) site in Jacksonville, Florida. Monthly drills are performed at the AUICs, TRUICs or virtually. Going forward, full alignment is proposed with NR NMETC's gaining command, NMETC HQ in San Antonio, with a close relationship with Naval Expeditionary Medical Training Institute (NEMTI) Camp Pendleton. This location will maximize productivity, especially during drill periods, and foster key Active Component/ Reserve Component relationships to support Navy Medicine education and training initiatives.

Impact if not funded

Loss of productivity in support of moving forward with implementing command functions to support

Navy Medicine Education. No cost to NMETC.

Recommended Course of Action

Approve proposed move of command.

Market Analysis

Who We Serve

Navy Reserve Medicine is composed of approximately 2,541 officers in paid and non-paid billets (VTU) broken down into the following medical communities:

Corps	Total Billets	Paid Billets
Dental	308	265
Medical	528	505
Medical Service Corps	404	367
Nursing	1295	1263
Enlisted	4552	2671 (BSO Enlisted Corpsman Only)
Total	7087	5071

Navy Reserve

Navy Medicine Education and Training Command

10

Navy Unique Programs and Services

Programs that provide unique service and/or education and training to your customers.

1. Program, course, service or training: Trauma Nursing Core Course (TNCC)

Describe your program. Explain how it excels and provides value to Navy Medicine:

- Type of program: Instructor Led
- Uniqueness of training:
Requirement of subspecialty codes 1945 (emergency / trauma), 1950 (peri-operative), 1960 (critical care) & 1972 (Certified Registered Nurse Anesthetists) Nurse Corps Officers

- Length of course:
Two or two and a half days which includes lecture & hands-on skills

- Volume of students per class:
16-20 students / class

- Estimated total cost per year to support
Provider courses:
\$128 (estimated, not confirmed, new fee) x 150 students = \$ 19,200

Instructor courses:

\$80 x 10 = \$800

Total fees & textbooks = \$20, 000 assuming utilizing access to MTF equipment & not exporting course to units.

Course cost, with military discount = \$118 / student for provider class for fees & text.

** ENA has recently disseminated effective 1 JUL 2015, there will be a \$10 increase in fees per attendee for the provider course. No change to fees for instructor course.

Instructor course is \$80 for course fee & instructor supplement.

- Result of training (civilian licensure, accreditation, etc.)

If funded training would result in certification that meets readiness/platform requirements.

Recommendations for Program Enhancement: Funding

R³

Relevant, Responsive, Requested

Navy Reserve

Navy Medicine Education and Training Command

11

2. Program, course, service or training: **Tactical Combat Care Course (TCCC)**

Describe your program. TCCC covers the initial treatment for wounded combatants and the Navy's standard of care on the battlefield.

- Type of program:
Instructor led via exportable team globally sourced through Navy Reserve Medicine Instructor- Led
- Uniqueness of training:
The exportable TCCC program allows for far more students to receive the training by only having to fund the instructors & equipment sets to the various Navy Operational Support Centers or other DoD installations to conduct the training than it would if it had to fund every medical provider to travel to NEMTI or one of the two FMTBs.
- Length of course:
Each TCCC course consist of 16 hours of didactic instruction and a Final Exercise (FINEX) that each student must pass as well as a written exam.
- Volume of students per class:
Each class consists of 15-30 students and maintains a 1:5 student/instructor
- Estimated total cost per year to support
The only costs associated with course are the cost of travel orders for the instructors and/or any students who may be on ADT-CME orders plus the cost of shipping the two boxes of equipment. There are no books associated with the course, or administrative fees to be paid to a civilian entity like ENA.
Thus far, each FY has budgeted for 24 courses, however with the new instruction, it is likely we will have to budget for more ratio.
Billeting of the students is provided by the hosting site. Most often there are no government lodging available and the instructors stay in commercial lodging according to GSA rates. All costs associated to supporting the eTCCC program is from purchasing & maintaining the equipment & orders of the instructor cadre. It is more of a cost savings than cost to provide.
- Result of training (civilian licensure, accreditation, etc.)
Unfortunately no certification is associated with this course. This and the civilian TCCC course are the same curriculum, skill stations, etc., and could provide the NAEMT certification if captured under the Military Training Network (MTN) as it is a DoD-wide requirement.

Recommendations for Program Enhancement:

- (1) Provide National Association of EMT (NAEMT) certification via MTN. (2) Additional equipment.

R³

Relevant, Responsive, Requested

Navy Reserve
Navy Medicine Education and Training Command

12

New FY16 Business Initiatives

Readiness:

#1: New Billet Structure

Command/Action Officer	Target Completion Date
NR NMETC / TRIAD Leadership Team	1JUL15
Action	
Determine appropriate billet scrub with amended NMETC titles for post command billets and write new descriptions in preparation for fiscal year Apply Board.	
Current Status	
Submitted proposal to NMETC Command	
Metric	
Listing and completion of Apply Board Billet descriptions	

#2: New site location

Command/Action Officer	Target Completion Date
NR NMETC / TRIAD Leadership Team	10OCT15
Action	
Moving personnel to new site location to leverage talent & integration	
Current Status	
Awaiting approval from NMETC Command	
Metric	
Listing of current qualified personnel and completion of TRUIC changes and TFMMS Packages to shift billets to new locations	

Navy Reserve
Navy Medicine Education and Training Command

13

Value:

#1: Sharepoint Library:

Command/Action Officer	Target Completion Date
NR NMETC / Research Team	1SEP15 and ongoing
Action	
Develop active SharePoint library for training Standard Operating Procedures (SOP) and other source documents for training missions.	
Current Status	
In development	
Metric	
Access to sharepoint site, written Standard Operating Procedures, training plan templates, and completion of other necessary source documents	

#2: Subject Matter Expert Database:

Command/Action Officer	Target Completion Date
NR NMETC / Education/Training Team	1JAN16
Action	
Identify Subject Matter Experts (SME) throughout NRM in support of Navy Medicine education and training mission requirements.	
Current Status	
Current TNCC and TCCC identified and ongoing search for additional qualified individuals who desire training and qualifications	
Metric	
Database of qualified instructors listing completed training and other credentials	

Navy Reserve
Navy Medicine Education and Training Command

14

#3 Visibility of Training Opportunities:

Command/Action Officer	Target Completion Date
NR NMETC / Operations Team	1OCT15
Action	
Develop online presence that serves as a resource for all training opportunities across Navy Reserve Medicine.	
Current Status	
In development	
Metric	
Development and linkage of current and ongoing training opportunities with easy to understand instructions on how to qualify and apply via Navy Management Learning Management System.	

#4 Learning Management System:

Command/Action Officer	Target Completion Date
NR NMETC / Operations Team	1JAN16
Action	
Develop and Manage Learning Management System (LMS) to build capability for training and tracking. Market the program with individual commands. Track command registration and usage.	
Current Status	
In development	
Metric	
Listing of all Navy Reserve Medicine personnel in LMS with current qualifications, requirements and visibility through available compliance reports	

Navy Reserve

Navy Medicine Education and Training Command

15

Jointness:

#1: Officer Trauma Nursing Core Course Training Plans

Command/Action Officer	Target Completion Date
NR NMETC / Education/Training Team	1OCT15
Action	
Direct NRM's exportable Trauma Nursing Core Course (TNCC) for individual commands by implementing training plans through virtual and onsite consulting.	
Current Status	
Ongoing training and development	
Metric	
Number completed over number required.	

#2 Enlisted Tactical Combat Casualty Care Course Training Plans

Command/Action Officer	Target Completion Date
NR NMETC / Education/Training Team	1OCT15
Action	
Directing NRM's exportable Tactical Combat Casualty Care Courses (TCCC) for individual commands by implementing training plans through virtual and onsite consulting.	
Current Status	
Ongoing training and development	
Metric	
Number of individuals within command who have completed TCCC course.	

Navy Reserve

Navy Medicine Education and Training Command

16

3 MTN Training Plans

Command/Action Officer	Target Completion Date
NR NMETC / Education/Training Team	1JUL16
Action	
Directing NRM's ACLS, PALS and BLS courses for individual commands by implementing training plans through virtual and onsite consulting.	
Current Status	
Ongoing training and development	
Metric	
Number of individuals within command who have completed ACLS, PALS and BLS courses.	

Closeout FY15 Initiatives

Initiative Title	Completion Date	Status
Organizational Command Realignment	5/30/2015	Awaiting NMETC approval.
TNCC Instructed Courses	5/30/2015	Completed 9 courses and trained 103 which sailors, soldiers, airman and civilians. Completed 2 instructor courses and trained 3 candidates. Project 7 additional classes (97 candidates) over the rest FY15. 57RC plus two classes of about 20 candidate each.
TCCC Instructed Courses	5/30/2015	Completed 11 courses and trained 251 sailors
ACLS Instructed Courses	5/30/2015	Completed 2 courses and trained 17 sailors
BLS Instructed Courses	5/30/2015	Completed 2 courses and trained 56 sailors

Navy Reserve
Navy Medicine Education and Training Command

17

Command Level Performance Metrics

FY16 Metrics Product Line or Service	Metric Title	Metric Parameters (Number of Course/Individual Attendance)	Target (Goal) FY16	FY15 Trend
TNCC Course	Courses Instructed	Number of Courses/Individual Attendance	7/150	9/103
TCCC Course	Courses Instructed	Number of courses/Individual Attendance	24/840	11/251
ACLS Course	Courses Instructed	Number of courses/Individual Attendance	4/48	2/17
PALS Course	Courses Instructed	Number of courses/Individual Attendance	2/24	0/0
BLS Course	Courses Instructed	Number of courses/Individual Attendance	8/96	4/56

Closeout FY15 Metrics

Metric Title	Reason for Closeout
None this Fiscal Year	N/A

Navy Reserve

Navy Medicine Education and Training Command

18

Manpower and Personnel

Authorized and Resourced Billets by Product Line:

Product Line	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Local Assigned	12	21	12	9	0	0	0	0	24	30
Cross Assigned In	20	0	21	0	0	0	0	0	41	0
Cross Assigned Out	9	0	0	0	0	0	0	0	9	0
Vacant	2	0	3	0	0	0	0	0	4	0
Total	43	21	36	9	0	0	0	0	79	30

Summary of significant changes and impact that occurred in FY15. (As supported by BCRs)

No significant changes for FY15. The four vacant billets received no qualified applicants through the apply process and remained unfilled.

Summary of projected changes and impact that may occur in FY16.

For fiscal year 2016, NR NMETC proposes a total 30 billets; 21 officer and 9 enlisted members. The officer cadre includes SMEs from each Corps, combat care instructor trainers, POMI-experienced officers, and staff with advanced Information Management/Information Technology experience. The proposed Enlisted staffing model is E-5 and above with operational and training experience. This new realignment of billets will better align command to achieve stated mission and vision.

Navy Reserve

Navy Medicine Education and Training Command

19

Personnel on Board by UICs:

UIC	Command Name	Officers		Enlisted		Civilians		Contractors		Total	
		FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
55842	MSRON 12 SEC DEPT	1	0	0	0	0	0	0	0	1	0
82788	NR OHSU NMC SD DET A	1	0	0	0	0	0	0	0	1	0
82891	NR OHSU NH JAX DET A	0	0	1	0	0	0	0	0	1	1
83305	NR OHSU NMMC BETH DET P	1	0	0	0	0	0	0	0	1	0
83333	NR OHSU NMC SD DET G	1	0	0	0	0	0	0	0	1	0
83335	NR OHSU NH JAX HQ	3	0	0	0	0	0	0	0	3	0
83342	NR OHSU NH JAX DET E	0	0	2	0	0	0	0	0	2	0
83345	NR OHSU NH JAX DET H	0	0	1	0	0	0	0	0	1	0
83346	NR OHSU NH JAX DET I	1	0	2	0	0	0	0	0	3	0
83353	NR OHSU NH CL DET A	0	0	4	0	0	0	0	0	4	0
83355	NR OHSU NH CL DET B	1	0	0	0	0	0	0	0	1	0
83356	NR OHSU NH CL DET C	1	0	0	0	0	0	0	0	1	0
83358	NR OHSU NMC PTS DET S	1	0	1	0	0	0	0	0	1	0
83363	NR OHSU NH PCOLA DET C	0	0	1	0	0	0	0	0	1	0
83572	NR OHSU NH BREM DET O	0	0	1	0	0	0	0	0	1	0
83575	NR OHSU GREAT LAKES DET O	1	0	0	0	0	0	0	0	1	0
83701	NR COMNAVFOR KOREA HQ	1	0	0	0	0	0	0	0	1	0
83716	NR OHSU GREAT LAKES DET R	1	0	0	0	0	0	0	0	1	0
83784	NR OHSU NH BREM HQ	1	0	0	0	0	0	0	0	1	0
83959	NR OHSU NH JAX DET R	0	0	1	0	0	0	0	0	1	0
83993	NR OHSU NH CP HQ	1	0	0	0	0	0	0	0	1	0
83994	NR OHSU NMC SD HQ	1	0	0	0	0	0	0	0	1	0
84019	NR OHSU NH CL HQ	1	0	0	0	0	0	0	0	1	0
85001	NR OPS SUPPORT 1965	0	0	1	0	0	0	0	0	1	0
87069	NR OHSU NMMC BETH HQ	2	0	0	0	0	0	0	0	2	0
87077	NR OHSU NMC SD DET J	1	0	0	0	0	0	0	0	1	0
88278	NR OHSU NMC PTS DET Y	1	0	0	0	0	0	0	0	1	0
88305	NR OHSU NH JAX DET O	0	0	1	0	0	0	0	0	1	0
88339	NR OHSU BETHESDA DET Y	1	0	0	0	0	0	0	0	1	0
88346	NR OHSU NMC PTS DET A	0	0	2	0	0	0	0	0	2	0
89517	NR OHSU NMC SD DET D	1	0	0	0	0	0	0	0	1	0
89715	NR OHSU NH JAX DET Q	0	0	1	0	0	0	0	0	1	0
89728	NR OHSU NMMC BETH DET S	1	0	0	0	0	0	0	0	1	0
89747	NR OHSU DALLAS DET N	1	0	0	0	0	0	0	0	1	0
89791	NR OHSU DALLAS DET E	0	0	2	0	0	0	0	0	2	0
89793	NR OHSU NMC PTS HQ	2	0	0	0	0	0	0	0	2	0
89847	NR MEDICAL SUPPORT CMD HQ (NR NMETC)	14	21	15	9	0	0	0	0	29	30

R³

Relevant, Responsive, Requested

Navy Reserve
Navy Medicine Education and Training Command

20

89926		1	0	0	0	0	0	0	0	1	0
Total		43	21	36	9	0	0	0	0	79	30

Instructor Staff Summary

Personnel Type	Highest Level of Education								Master Trainer Specialists	
	Associate Degree		Bachelor's Degree		Master's Degree		Doctoral Degree		FY15	FY16
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16		
Officers	0	0	40	40	14	14	1	1	0	0
Enlisted	3	3	9	9	1	1	1	1	0	0
Civilians	0	0	0	0	0	0	0	0	0	0
Contractors	0	0	0	0	0	0	0	0	0	0
Total	3	3	49	49	15	15	2	2	0	0

Products and Services

Product or Service Line

NR NMETC Consultation and Training Services

Description

NR NMETC serves approximately 2,406 officers and 4,552 enlisted members (more than 7,000 total medical staff) who have a constant need to maintain training readiness through education and skill development. To help NRM meet their training goals, NR NMETC serves as implementation consultants by working with individual commands to discover needs, design solutions and delivery results through identified resources and customized training plans.

Value to Navy Medicine

Trained and ready sailors to ensure the capabilities of NRM assets to provide fleet health services and force health protection initiatives.

Navy Reserve

Navy Medicine Education and Training Command

21

Product or Service Line	Product / Service Description	Expected Deliverables
Trauma Nursing Core Course (TNCC)	<p>Trauma Nursing Core Course (TNCC) is designed for hospitals and trauma centers worldwide, to empower nurses with the knowledge, critical thinking skills, and hands-on training to provide expert care for trauma patients.</p> <ul style="list-style-type: none"> -Rapid identification of life-threatening injuries -Comprehensive patient assessment -Enhanced intervention for better patient outcomes 	Trained Registered Nurses
Tactical Combat Care Course (TCCC)	To provide personnel with the knowledge and skills to provide medical care in a combat environment following the principles of pre-hospital trauma life support and the guidelines and mission of Tactical Combat Casualty Care (TCCC).	Trained Hospital Corpsman Physicians, APN's, PA's, Nurses
ACLS Course	In this classroom-based course, providers enhance their skills in treating adult victims of cardiac arrest or other cardiopulmonary emergencies, while earning their American Heart Association ACLS (AHA ACLS) for Healthcare Providers Course Completion Card.	Trained and certified clinical providers and hospital corpsman
PALS Course	Pediatric Advanced Life Support (PALS) is a classroom, video-based, Instructor-led course that uses a series of simulated pediatric emergencies to reinforce the important concepts of a systematic approach to pediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation and team dynamics. The goal of the PALS Course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.	Trained and certified clinical providers and hospital corpsman
BLS Course	In this classroom-based course, healthcare professionals learn to recognize several life-threatening emergencies, provide CPR to victims of all ages, use an AED, and relieve choking in a safe, timely and effective manner	Trained and certified clinical providers and hospital corpsman

Course/Training Catalog

CIN and Course Long Title	Target Audience	Date Last HPRR	Highest level of survey conducted (Kirkpatrick)
Trauma Nursing Core Course	Registered Nurses	To Be Announced	None Completed
CIN: NM-10-ENTCCC-2.0 Tactical Combat Casualty Course	Hospital Corpsman	To Be Announced	None Completed
Advanced Cardiac Life Support	All clinical providers and hospital corpsman	To Be Announced	None Completed
Pediatric Advanced Life Support	All clinical providers and hospital corpsman	To Be Announced	None Completed
Basic Life Support	All clinical providers and hospital corpsman	To Be Announced	None Completed

Navy Medicine Professional Development Center FY16 Business Plan



Executive Summary

Commanding Officer: CAPT Phillip M. Sanchez, MSC, USN
(Interim) Executive Officer: CAPT Gerard J. Woelkers, MSC, USN
Business Plan Contact: CDR Jason E. Spencer, MSC, USN

Command Mission

Educate, train, and support medical personnel to enable readiness, wellness, and healthcare to Sailors, Marines, their families, and all others entrusted to Navy Medicine, be it on land or sea.

Command Vision

Global Leaders in health education and training.

Who We Are (Mission, Functions, and Tasks)

Located in Building 1 (The President's Zone Tower) of the Walter Reed National Military Medical Center (WRNMMC) complex aboard the Naval Support Activity Bethesda, Maryland compound, Navy Medicine Professional Development Center (NMPDC) is the cornerstone of Navy Medicine's professional development training and education mission; maintaining collaborative relationships with more than 100 military and civilian higher learning institutions while annually supporting 3,000 federal uniformed service, civilian, and allied foreign military members. As such, NMPDC remains Navy Medicine's premier organization delivering leadership training, professional education support, and training needs for all U. S. Navy medical personnel.

NMPDC is an Echelon IV activity reporting to the Navy Medicine Education and Training Command (NMETC) located in San Antonio, Texas. NMPDC currently shares specific support program responsibilities with the NMETC Detachment Bethesda (also currently located in Building 1) to ensure efficient, non-duplicative use of personnel assets to provide and maintain required command programs. NMPDC has no Echelon V activities, but maintains administrative relationships with the Navy Medicine Training Support Center (NMTSC) and the Navy Medicine Operational Training Center (NMOTC) with respect to prior year accounts management.

Joint Collaborations

❖ Naval Postgraduate Dental School (NPDS)

Naval Postgraduate Dental provides the Dental Corps with fully qualified officers, ready to practice, teach, and conduct research in dentistry. NPDS programs are as follows: Maxillofacial Prosthetics, Comprehensive Dentistry, Endodontics, Oral and Maxillofacial Pathology, Periodontics, Orofacial Pain, Prosthodontics, Advanced Education in General Dentistry (AEGD-1), and General Practice Residency Programs. NPDS offers continuing education courses which are made available to the Army, Air Force, and Coast Guard components; foreign military; and civilian dentists employed by federal agencies. Due to extremely limited availability, enrollment for dentists not federally employed is only considered on a space-available basis. NPDS also conducts the Navy's Maxillofacial Prosthetics Technician C-School for qualified First and Second Class Petty Officers. NPDS programs integrate face-to-face and on-line learning to accommodate students' diverse learning styles and maximize Dental Corps professional development, world-wide. NPDS falls under the command of NMPDC where it receives all educational related expenses (to included travel expenses) and civilian salary funding. NPDS operations are also

R³

Relevant, Responsive, Requested

solidified through an inter-service support agreement (ISSA) with WRNMMC, providing funding for all patient care (ie, equipment, consumable supplies, etc.), facilities, and information technology expenses. This mutually beneficial, collaborative support agreement continues through 30 September 2018.

❖ **TRICARE Financial Management Executive's Program (TFMEP)**

NMPDC is the exclusive course provider for TFMEP within DoD. This course is available for all component services and is taught in areas with high U. S. Navy and component services interest.

❖ **U. S. Military Tropical Medicine (MTM) Program**

MTM trains and educates military medical personnel in the practice of tropical medicine by developing areas through the core curricula of clinical care and Public Health, pursuant to the military's Force Health Protection (FHP) and Medical Stability Operations (MSO) responsibilities. NMPDC is the service lead, coordinating both didactic and world-wide field training in challenging third world locations.

The Way Forward

NMPDC's area of focus remains medical staff leadership development. Officer development is supported through continuing graduate and medical education programs such as NPDS, Medical Enlisted Commissioning Program (MECP), In-Service Procurement Program (IPP), Duty Under Instruction (DUINS), and short courses taught through the Academics and NPDS directorates.

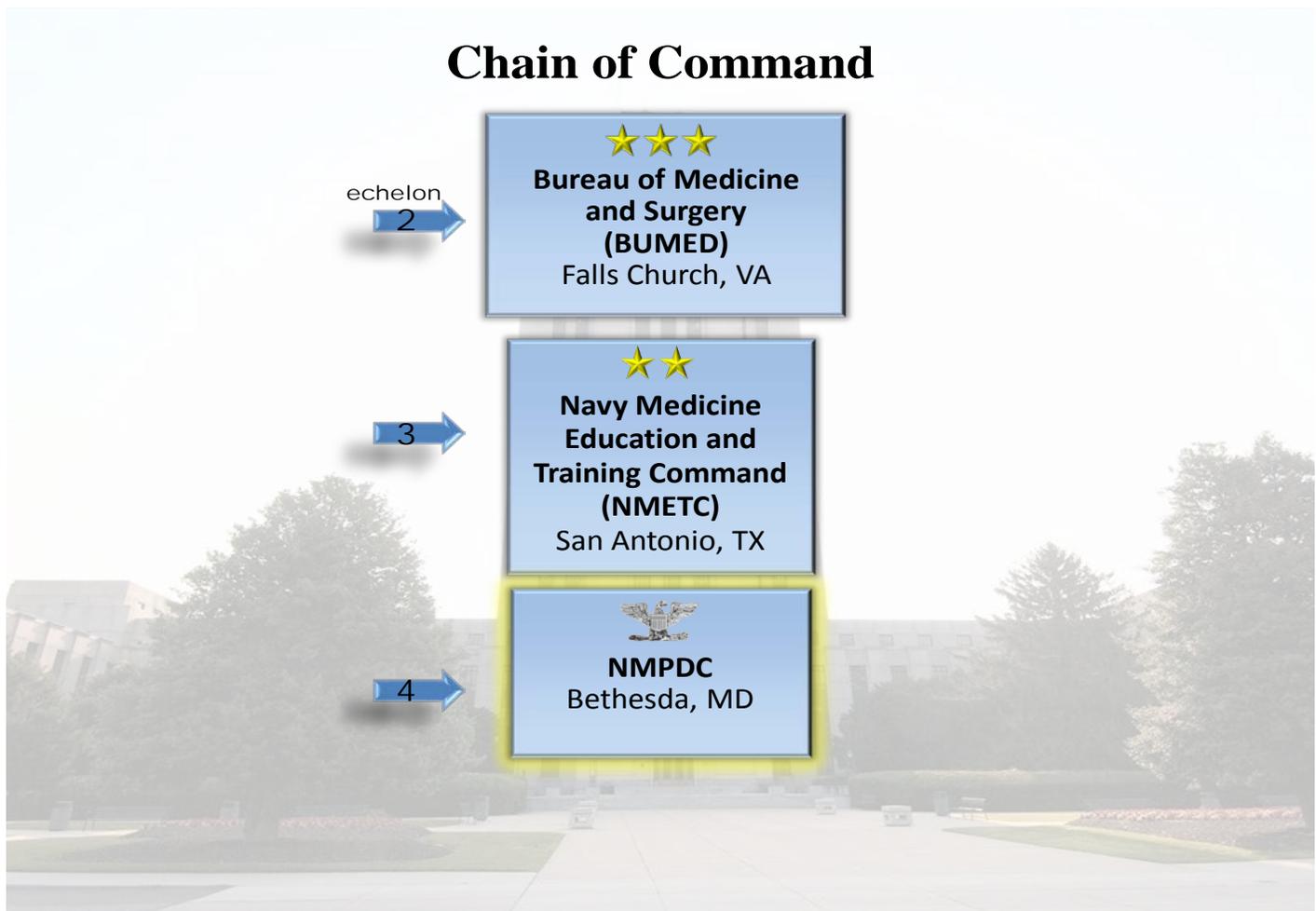
NMPDC serves Navy Medicine by providing and supporting educational programs that train, develop, and enhance all Navy Medical department personnel. Our customers include students as well as DoD and federal activities that employ medical personnel throughout the entire range of military operations. NMPDC supports the multiple mission requirements of Navy Medicine through this training and education continuum while encouraging personal and professional student development. In 2016, NMPDC will officially begin facilitating the Prospective Commanding Officer, Executive Officer, and Command Master Chief course at the Bureau of Medicine and Surgery Headquarters (BUMED HQ) in Falls Church, Virginia. NMPDC wishes to also enhance the Basic Medical Department Officer's Course (BMDOC) by adding a one week in-resident component.

The delegation of Mission Critical Travel Attestation to the Echelon IV level has been extremely critical in expeditiously processing travel requests and approvals at the most appropriate and accountable level, and this process also continues to incorporate auditable, value added steps in the travel approval process. NMPDC continues to evolve, ensuring mission functions continue regardless of resource dynamics. As educational costs increase in the public sector, we strive to accurately forecast and effectively manage costs. NMPDC has undertaken an aggressive initiative, the Tuition Award and Payment Processing Lean Six Sigma Project, which is aimed at achieving a dollar of tuition services received for every dollar of tuition services obligated.

Continued collaboration from all component services is required to deliver common training using shared resources. The new Military Health System (MHS) governance under the Defense Health Agency (DHA) will further drive component collaboration. The joint environment contains many applications in the education and training arena. NMPDC continues to prepare to be the lead agent for those programs and a full partner for all others as the DoD class leader in some of our programs and services. NMPDC hosted the FY 2015 Virtual Joint Graduate Medical Education Selection Board for the second consecutive year in which participants from the Army, Navy, and Air Force “virtually” scored applicants records and avoided significant travel costs.

The future holds many opportunities for joint education and training, and NMPDC strives to improve its products and services as a DoD leader in education through continuous staff development, to be experts in our fields, and to maintain this position while simulatenously being judicious stewards of entrusted resources.

Organizational Structure



R³

Relevant, Responsive, Requested

NMPDC Organization (Echelon IV)



R³

Relevant, Responsive, Requested

Facility Projects

Current, Funded Projects

Type of Project	Cost	Location	Start Date	Completion Date	Status
Window Repair and Replacement	\$17M	Building 1, Tower	July 2015	April 2017	In Progress

Projects Funded, But Not Started

Expected Year to Start	Type of Project	Expected Cost	Location
	Not applicable.		

Projects Accepted, But Not Funded

Expected Year to Start	Type of Project	Expected Cost	Location
	Not applicable.		

Projected Facility Issues and/or Concerns

- Project Title:** WRNMMC Building 1 (President's Zone), Tower Window Replacement and Repair

Description

WRNMMC Facilities Management Division is in the preliminary process of planning for a replacement/repair of all exterior windows throughout WRNMMC Building 1, Tower location. The contract for window replacement and repair was awarded in September 2014. The start date for work is set for July 2015 with an end date set for April 2017. A total of 14 windows are scheduled to be replaced, and most of the windows will need repair. Window replacements are expected to take approximately two weeks per window or per room. The work is divided into two distinct contracts. Part one will involve floors 6 thru 19. Window Repairs are relatively minor. However, window replacements will require blast resistant windows and frames. This will involve opening up the walls to install a structural steel frame. Part two includes the remainder of Building 1. The Solarium windows on the North and South sides on the 18th and 19th floors must be replaced together in part two, meaning the North side conference rooms as well as the South side conference rooms on the 18th and 19th floors will be unavailable during replacement. Solarium window replacement will happen one side at a time in order to minimize the impact of the disruption. The windows will need historic oversight and review.

R³

Relevant, Responsive, Requested

Impact if not funded

The Window Replacement/Repair project is funded by WRNMMC. NMPDC will need to vacate most rooms involving window replacement, to include the Solarium conference rooms housing the Command VTC.

Recommended Course of Action

None at this time

Market Analysis

Who We Serve: Navy Unique Programs and Services

1. Military Tropical Medicine Course (MTM) – DoD Unique Course

The MTM course trains and educates military medical personnel in the practice of medicine by developing areas through the core curricula of clinical care and Public Health pursuant to Force Health Protection (FHP) and Medical Stability Operations (MSO) responsibilities. This DoD unique course focuses on mitigating the continued risks associated with tropical diseases (Malaria, Rabies, Dengue, and Diarrhea) in the Africa Command, Southern Command, and Pacific Command Areas of Responsibility. With the increased embedding with Host Nation (HN) partners in Africa, South America, and Southeast Asia combined with the nation’s “strategic pivot” to Asia, what has emerged is a recognized opportunity for health diplomacy along with an increased exposure to tropical diseases which must also be mitigated. NMPDC is the service lead and coordinates didactic and field training in many foreign locations.

- Resident Instructor-led program (Joint Service Faculty and Mission Team Leaders).
- How long is the course/training: 4 weeks didactic, 2 weeks in the field. Total of 6 weeks.
- # of training evolutions: 1/year.
- Volume of students per class, or per year if a service: 80.
- Do we billet students? Yes.
- Estimated total cost per year to support? \$203,000.00
- Result of training: Students become familiar with work in developing areas, establishing and maintaining HN relationships, and working with non-governmental organizations where applicable.
- Any other primary attributes? Whenever possible, the aim is to avoid solitary action by advising and mentoring HN counterparts and, whenever possible, resourcing HN activities rather than promoting U. S. led direct care.

Recommendations for Program Enhancement:

None at this time.

R³

Relevant, Responsive, Requested

2. TRICARE Financial Management Executive's Program (TFMEP) – DoD Unique Course

The TFMEP course is held annually at Navy medical treatment facilities (MTF) in both Navy Medicine Regions and in the Washington, DC area. **Students are senior officers and civilian personnel serving in or slated to fill leadership positions in Navy Medicine and the Defense Health Agency (DHA) as well as all Command Master Chiefs.** Student selections are made by the respective Corps Chief's office for the students funded by NMPDC. The course offers updates and background information on financial management topics specifically required for a Military Health System (MHS) executive to understand the next generation of TRICARE contracts' new business environment. Topics include MHS governance, TRICARE contracts, private sector care operations, prime enrollees' care, prospective payment system, MHS strategic plan, and healthcare analytics. Navy students also receive their Regional Commander's perspective with respect to business planning and financial management.

- Non-resident-Instructor facilitated (Instructors from throughout the MHS brief on these topics).
- How long is the course/training? 3 days (2 days for MHS and one day Navy Medicine topics).
- # of training evolutions: 4/year for both Navy Medicine Regions, the DHA, the enhanced Multi-Service Market (eMSM) area.
- Volume of students per class, or per year if a service: 30 students per course. Others are local.
- Do we billet students? No.
- Estimated total cost per year to support? \$25,000.00.
- Result of training: Students become familiar with the listed topics in the only course currently available that covers these topics.
- Any other primary attributes? The courses are taught in person or via VTC.

Recommendations for Program Enhancement:

Focus on marketing the courses to available local attendees, students from other services, and non-BSO 18 Navy Medicine students. Make TFMEP courses available in each of the six eMSM areas in addition to the current course locations. Due to budget constraints in previous fiscal years, the course had been only taught in a single eMSM location to 30 students. With additional resourcing in FY 2015, the course has been taught in four of the six eMSM areas, meaning 120 students received instruction.

R³

Relevant, Responsive, Requested

3. Patient Administration Course (PAC)

The PAC provides entry level training to eligible Medical Service Corps (MSC) officers, Senior Enlisted, and mid-level to senior civilian personnel working in a managed care or operational environment. The PAC allows students to gather in a single location and receive instruction from the subject matter experts (SME) in a variety of topics while also conducting site visits to the Defense Health Headquarters (DHHQ), BUMED HQ, and Navy Physical Evaluation Board. Hands on training evolutions include inspection of human remains and patient movement exercises. Students are equipped with a comprehensive listing of policies, guidance, tools, references, and points of contact relevant to patient administration programs as well as concepts, strategies, techniques, and business practices essential for operating a successful patient administration department.

- Resident - Instructor Led.
- How long is the course/training? 4 weeks.
- # of training evolutions (if applicable): 3/year.
- Volume of students per class, or per year if a service: 30 per class.
- Do we billet students? Yes
- Estimated total cost per year to support: \$150,000.00
- Result of training: This courses provides MSC officers with the 1801 subspecialty code and also provides Continuing Medical Education (CME) credits to the members of the American College of Healthcare Executives (ACHE).
- Any other primary attributes: The course includes instruction on all aspects of patient administration to include personnel management and healthcare business aspects in order to properly prepare new patient administration officers for their tours at MTFs or while serving in an operational environment.

Recommendations for Program Enhancement:

None at this time.

4. Clinic Management Course (CMC)

The CMC provides clinical teams and staff in the skills, knowledge, and tools necessary to successfully integrate MHS and BUMED Strategic Goals into their daily practices as an accountable care organization in a variety of healthcare settings. The CMC covers the following topics: MHS Overview and Reform; Foundations of Clinic Management; Medical Neighborhood; Change Management; Electronic Health Record/Command Management System; Dental Overview; Enrollment; Access to Care/Template Management; Metrics in Medical Home Port & Specialty Clinics; NCQA; Clinical Quality; Referral Management/Third Party Collection/Other Health Insurance; Patient Satisfaction; Human Resources/Civilian Personnel/Activity Manning Document; Tri-Service Workflow;

R³

Relevant, Responsive, Requested

Embedding Specialists; Team Based Practice; Secure Messaging; and Capstone Projects. The course was developed around a “team” concept. **Teams are defined as two to four members who are the leaders and decision makers within their clinic. Minimum eligibility requires (1) Provider, preferably the Department Head or Senior Medical Officer in the clinic; (2) Division Officer, Clinic/Business Manager, or Senior Nurse; (3) Enlisted clinic leadership; and (4) Clinic/Administrative support personnel.**

- Resident – Instructor Led.
- How long is the course/training? 4 days.
- # of training evolutions (if applicable): 9/year
- Volume of students per class, or per year if a service: 35.
- Do we billet students? Yes
- Estimated total cost per year to support? \$286,000.00.
- Result of training: The CMC offers 24 contact hours of CMEs for healthcare administrators under the ACHE and the AAMA, 22.5 contact hours of Nursing Continuing Education (CE), and 6 hours of Continuing Dental Education (CDE).
- Any other primary attributes: The course includes instruction on Primary Care Medical Home (PCMH) for Navy Medicine, meeting the Navy Surgeon General’s strategic initiative of Value. There is also a specialty care breakout session for ½ day of training for those specialty care clinic teams in attendance.

Recommendations for Program Enhancement:

None at this time.

5. Advanced Medical Department Officer Course (AMDOC)

The Advanced Medical Department Officer Course prepares medical department officers, typically at the Lieutenant Commander rank, for increased responsibilities as senior officers and leaders and develop officers who understand the “practice and the business” of Navy Medicine in both the operational and the MTF settings. The course is structured into the following units: Organizational Structure, Relationships and Policies; Utilization and Management of Resources; World Events and Geopolitical Consciousness; Operational Policies, Procedures and Strategies; and Ethical, Legal and Quality Elements of Healthcare.

- Resident – Instructor Led.
- How long is the course/training? 2 Weeks.
- # of training evolutions (if applicable): 7/year
- Volume of students per class, or per year if a service: 40.
- Do we billet students? Yes

R³

Relevant, Responsive, Requested

- Estimated total cost per year to support? \$790,000.
- Result of training: The CMC offers 70 contact hours of CMEs for healthcare administrators under the ACHE, 55 contact hours of Continuing Medical Education (CME).

Recommendations for Program Enhancement:

None at this time.

6. The Financial and Materiel Management Training Course (FMMTC).

This eleven week course prepares MSC officers and BUMED identified civilians for entry-level positions in Navy Medical Department financial and materiel management. Course topics include: DOD/BUMED financial and materiel management organization, budgeting, accounting, business management, equipment management/acquisition, simplified acquisition procedures, contract development/administration, electronic commerce and managed care support/oversight. Student evaluation includes quizzes, module exercises, exams and a final exercise.

- Resident – Instructor Led.
- How long is the course/training? 11 Weeks.
- # of training evolutions (if applicable): 2/year
- Volume of students per class, or per year if a service: 20.
- Do we billet students? Yes
- Estimated total cost per year to support? \$293,000.
-

Result of training: The FMMTC offers 258 contact hours of CE for healthcare administrators under the ACHE.

Recommendations for Program Enhancement:

None at this time.

7. The Executive Medical Department Enlisted Course (EMDEC).

The two week Executive Medical Department Enlisted Course (EMDEC) is the “practice and business” course in the Medical Department Enlisted Learning Continuum. **The purpose of the course is to provide an in-depth overview of current approaches in health care management, clinical effectiveness and efficiency, systems thinking, financial management, information systems and**

R³

Relevant, Responsive, Requested

other Navy Medicine topics for senior enlisted leaders assigned to operational, health treatment facilities, and mission specific command settings.

- Resident – Instructor Led.
- How long is the course/training? 2 Weeks.
- # of training evolutions (if applicable): 6/year
- Volume of students per class, or per year if a service: 35.
- Do we billet students? Yes
- Estimated total cost per year to support? \$590,000.
-

Result of training: The EMDEC offers 80 contact hours of CE for healthcare administrators under the ACHE.

Recommendations for Program Enhancement:

None at this time.

8. Naval Postgraduate Dental School (NPDS)

NPDS is the only centralized postgraduate dental school within the Department of Defense (DoD). The two and three year residency programs are fully accredited and provide the Navy and other services dental specialty training as well as additional military training not found in civilian out-service residency programs. The 2015-2016 student body consists of 51 residents across multiple specialties. In addition to Navy residents, NPDS hosts two Army, one U.S.Coast Guard, and two Department of Veteran's Affairs' residents. NPDS also provides 18 one week long continuing dental education (CDE) courses for federal service dental officers. NPDS develops and delivers 19 distance learning courses designed to accommodate fleet requirements, ranging from shipboard to combat operations, all at a fraction of the civilian market cost.

Recommendations for Program Enhancement:

Within the area of CDE, improved use of technology can provide better outreach to our customers. One pilot distance learning encounter (the Periodontics "Webinar") is provided through the internet. NPDS is exploring expansion into additional areas, such as internet learning, to potentially reduce travel expenses and provide customers with a more convenient and flexible delivery method.

9. Three Dimensional (3-D) Imaging and Modeling – Walter Reed National Military Medical Center.

The 3-D imaging program incorporates cutting edge technology as a world leader in 3-D imaging and modeling for surgical reconstruction. This technology images and electronically records body parts and can produce prostheses in the event of any injury. This allows for faster recovery and improved care for service members when returning from combat. This technology also produces a customized

surgical implant prior to surgery taking place, reducing operating time and improving patient safety. Additionally, NPDS is creating the training pipeline for Oral and Maxillofacial Radiology specialists throughout the Navy to improve dental imaging, ahead of both the Army and the Air Force.

Recommendations for Program Enhancement:

Link the Maxillofacial Prosthetics Department Head (NPDS) with the Service Chief, Department of Radiology (WRNMMC) to provide leadership continuity for the 3D Medical Applications Center using an ADDU relationship in each Commands manning documents. NPDS has provided this leadership since the center began operations at Bethesda in November 2011. This will continue to provide access to emerging technologies through systems currently owned and funded by the Defense Health Agency.

According to the ISSA between NMPDC and WRNMMC, dental healthcare operations are funded in their entirety by WRNMMC; therefore, such program enhancement recommendations relating specifically to the dental healthcare operations must be staffed through and supported by WRNMMC. There are currently three 3dMD 5 camera systems located at NHC Quantico and WRNMMC (Maxillofacial Radiology and the ENT department). Only two of these camera systems are available to NPDS. Access is limited to the available two because of recent IT security changes that affected NPDS' ability to access the associated computers needed to operate the cameras. The following upgrades are recommended to provide better access to 3D imaging for patient treatment, education, and research:

- Modify the five-camera system currently located in Maxillofacial Radiology and reconfigure to a single three-camera unit and a single two-camera unit.
 - Relocate one unit to the Prosthodontics' department and the other unit to the Orthodontics' departments.
 - Relocate the five-camera system located in Quantico to Maxillofacial Radiology.
 - Develop the use of handheld, inexpensive imaging devices, such as the iSense through the Maxillofacial Prosthetics department for resident/staff research.
- In order to maintain a presence and provide the expertise to the fleet, incorporate the use of 3D imaging software for medical imaging and surface scanning into the Maxillofacial Laboratory Technician training "C" school.

Non-Unique/Interoperable Programs, Services, Courses and/or Training

NMPDC operates funded, cost effective programs and is unaware at this time of any high cost, low-volume, or at risk programs delivered by NMPDC which are also offered by other military organizations.

New FY16 Business Initiatives

Readiness: *We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.*

#1: N/A

Command/Action Officer	Target Completion Date
Action	
Current Status	
Metric	

Value: *We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.*

#1: Tuition Award and Payment Processes

POM alignment: None

Command/Action Officer	Target Completion Date
Director for Administration, Director for Officer Programs, and Director for Resource Management.	31 December 2015
Action	
Achieve \$1.00 in tuition services received for every \$1.00 of tuition contracts obligated as of 30 September 2015 by properly “settling” all appropriately invoiced FY 2015 tuition contracts billed in the year of execution.	
Current Status	
The “busiest” time for tuition awards is during the Fall Term contract awards period which takes place annually in the Summer. During this period, all previously awarded FY 2015 tuition contracts with obligated balances remaining are also reviewed for payment settlement and closure. These processes are currently ongoing.	
Metric	

R³

Relevant, Responsive, Requested

1. **Tuition Execution Metric** = $\frac{\text{End of FY 2015 Obligations} + \text{Post FY 2015 Obligation Increases}}{\text{End of FY 2015 Obligations} + \text{Post FY 2015 Obligation Decreases} + \text{FY 2015 Defect Decreases}}$

Command Goal (Percentage): 95% $\leq X \leq$ 105%

Command Goal (Dollars): \$0.95 $\leq X \leq$ \$1.05

2. **“Zero Defects” Metric** = $\frac{\text{Tuition Execution Metric Numerator} - \text{FY 2015 Defect Decreases}}{\text{End of FY 2015 Obligations} + \text{Post FY 2015 Obligation Decreases} - \text{FY 2015 Defect Decreases}}$

Command Goal: **Tuition Execution Metric = “Zero Defects” Metric**

If there are no (zero) defects, the Tuition Execution Metric will equal the “Zero Defects” Metric. When this happens and the Command Goal for the Tuition Execution Metric is achieved, the Tuitions Awards and Payment Processes are both “Lean” and “Six Sigma” processes. If a single defect occurs, the processes will not be “Six Sigma” processes, and the “Zero Defects” Metric will be greater than the Tuition Execution Metric. In this case, the “Zero Defects” Metric represents what would have been the tuition execution less the defects.

Jointness: *We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.*

#1: N/A

Command/Action Officer	Target Completion Date
Action	
Current Status	
Metric	

R³

Relevant, Responsive, Requested

Closeout FY15 Initiatives:

Initiative Title	Completion Date	Status
Civilian Maxillofacial Prosthodontist	31 December 2014	Initiative was disapproved at higher headquarters.
Orofacial Pain Provider	30 September 2014	Initiative now funded from the Program of Record.
GPM/OEM FTIS Residency Program	30 June 2014	USUHS is now the funded, sponsoring activity.
CRNA Billet Transfer	30 September 2014	Billets and funding now transferred from NMPDC.

R³

Relevant, Responsive, Requested

Command Level Performance:

FY16 Metrics

Product Line or Service	Metric Title	Metric Parameters (Numerator/Denominator)	Target (Goal)	FY15 Trend
Readiness - Administration	Individual Medical Readiness (IMR) – Medical Readiness Indeterminate (MRI)	(# of Military Staff w/o current PHA, PDHRA, or Dental (Class 4) / # of Military Staff	=<5%	4.7%
Readiness - Administration	A-Status	(# Military Staff successfully completing EMPARTS administrative readiness requirements) / # of Military staff	>=90%	90%
Readiness - Administration	Training Status	(# of Required Command Staff successfully completing month training requirements) / # of Required Command Staff for the monthly training topic	>=90%	92%
Readiness - Administration	Fit to Fill - Overall	% Based upon Fit to Fill report using BUMED Manning Requirements	>=86%	70%
Readiness - Administration	Fit to Fill – Civilian Personnel	% Based upon Fit to Fill report using BUMED Manning Requirements – Civilian Personnel only	>=86%	80%
Readiness - Administration	Fit to Fill – Military Personnel	% Based upon Fit to Fill report using BUMED Manning Requirements – Military Personnel only	>=86%	80%
Readiness - Administration	Safety Training Compliance	# of Command Completing Required Safety Training in ESAMS	>=90%	80%
Academic Programs	Student Cancellation Rates (Funded & Local)	Respective # of Funded & Local Selectees / Actual # of Funded & Local Attendees	=<5%	<5%
Academic Programs	Post Course Employee & Employer Satisfaction	Respective Six Month Surveys submitted to Student & Supervisors / Surveys returned	>=40%	>40%
Resources	Audit Readiness Spot Check Percentage	Grade assigned by higher headquarters inspectors	>=85%	87%
Resources	Government Travel Card Delinquency	Dollar value of delinquent balances / Total current charge card activity	<2%	<2%
Resources	SOP Compliance Status	Compliant SOP programs/Total SOPs	>=90%	89%
Resources	Electronic Verification of Time (EVT) – Civilian Timekeeping	(# of Civilian Personnel “checking” the EVT box in SLDCADA when submitting their timecards resulting in an on-time, certified time card by the timekeeper)/# of Civilians	>=95%	99%

R³

Relevant, Responsive, Requested

Manpower and Personnel

Authorized and Resourced Billets by Product Line

Product Line	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Command Suite	2	2	2	2	2	2	0	0	6	6
NPDS	40	40	80	80	57	57	7	7	184	184
Academic Programs	7	7	10	10	7	7	1	1	25	25
Officer Programs	8	8	3	3	11	11	0	0	22	22
Resources	3	3	4	4	16	16	0	0	23	23
Administration	5	5	21	21	12	12	9	9	47	47
NPDS Residents	52	52	0	0	0	0	0	0	52	52
DUINS/MECP Students	0	0	0	0	0	0	0	0	0	0
CRNA Students	0	0	0	0	0	0	0	0	0	0
Total	117	117	120	120	105	105	17	17	359	359

Summary of significant changes and impact that occurred in FY15.

No significant changes to AMD/manning structures have occurred during FY 2015.

Summary of projected changes and impact that may occur in FY16.

No significant changes to AMD/manning structures anticipated during FY 2016.

R³

Relevant, Responsive, Requested

Personnel on Board by UICs*

UIC	Command Name	Officers		Enlisted		Civilians		Contractors		Total	
		FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
0622A	NMPDC Main	26	26	42	42	38	38	5	5	111	111
0608A	NPDS	36	36	70	70	57	57	7	7	165	165
47006	N POSTGRAD D RES	56	56	0	0	0	0	0	0	56	56
32347	TRNG NSHS JAX	0	0	0	0	0	0	0	0	0	0
32959	TRNG NSHS Port	0	0	0	0	0	0	0	0	0	0
41813	TRNG NSHS SD	0	0	0	0	0	0	0	0	0	0
44104	STU MED OSD BALT	0	0	0	0	0	0	0	0	0	0
44106	STU MED OSD WASH	0	0	0	0	0	0	0	0	0	0
Total		118	118	112	112	95	95	12	12	332	332

Instructor Staff Summary

Personnel Type	Highest Level of Education								Master Trainer Specialists	
	Associate Degree		Bachelors Degree		Masters Degree		Doctoral Degree			
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Officers	0	0	0	0	7	5	34	34	0	0
Enlisted	2	0	4	2	1	0	0	0	0	1
Civilians	0	0	1	0	3	2	4	4	0	1
Contractors	0	0	0	0	1	0	0	0	0	0
Total	2	0	5	2	12	7	38	38	0	2

R³

Relevant, Responsive, Requested

Resources

Product/Service Line	FY14 Execution	FY15 Plan	FY15 Execution (as of 01 May 15)	FY16 Plan (CMD Proposed)
Officer Programs – CivPers	\$811,010.00	\$923,000.00	\$898,139.00	\$965,000.00
Academic Programs – CivPers	672,127.00	680,000.00	664,387.00	797,000.00
Administration – CivPers	789,017.00	706,502.00	692,111.00	798,000.00
Resources/Cmd Supp – CivPers	970,468.00	1,025,518.00	1,007,552.00	1,009,000.00
IM/IT – CivPers	385,344.00	501,000.00	497,721.00	619,000.00
NPDS – CivPers – PE 0807700	599,666.00	966,300.00	624,649.00	638,000.00
NPDS – CivPers – PE 0807715	3,188,477.00	3,478,100.00	3,625,733.00	3,840,000.00
NPDS – CivPers – WII	235,754.00	0.00	0.00	0.00
Officer Programs – Other	5,856,261.00	6,603,700.00	3,225,823.00	6,653,000.00
Academic Programs – Other	2,381,780.00	2,579,100.00	1,659,532.00	3,711,000.00
MTM Special Projects	46,319.00	0.00	0.00	0.00
Administration/Resources – Other	1,340,510.00	1,689,580.00	1,034,715.00	1,307,000.00
IM/IT – Other	783,211.00	780,000.00	212,548.00	908,000.00
NPDS – Travel and Speakers Fees	142,191.00	227,400.00	158,262.00	326,000.00
NPDS – Other – WII	533,402.00	197,000.00	54,367.00	584,000.00
HPSP Support – Other	8,000.00	0.00	0.00	0.00
Blood Bank Special Funding	4,327.00	7,000.00	0.00	0.00
Total	\$18,747,864.00	\$20,364,200.00	\$14,355,539.00	\$22,155,000.00

Allocation	FY14 Execution	FY15 Plan	FY15 Execution (as of 01 May 15)	FY16 Plan (CMD Proposed)
Bag 1	\$4,443,879.00	\$4,868,800.00	\$4,463,011.00	\$5,369,000.00
Bag 3	50,646.00	7,000.00	0.00	0.00
Bag 4	1,168,555.00	1,281,000.00	710,269.00	1,527,000.00
Bag 6	9,984,789.00	10,785,800.00	6,447,881.00	12,145,000.00
Bag 7	3,099,995.00	3,421,600.00	2,734,378.00	3,114,000.00
Total	\$18,747,864.00	\$20,364,200.00	\$14,355,539.00	\$22,155,000.00

R³

Relevant, Responsive, Requested

Navy Medicine Professional Development Center

Appendix A

Comments

Civilian personnel expenses for FY 2015 currently reflect an accrual through 30 September 2015 as all funding for FY 2015 was received in the 3rd Quarter. Additionally, please note the following:

1. A funding “misalignment” occurred in FY 2015 in NPDS – CivPers – PE 080770 in that this Program Element (PE) is currently “overfunded” while NPDS – CivPers – PE 0807715 is currently “underfunded.” The FY 2015 civilian personnel accrual through 30 September 2015 reflects this phenomenon. The execution is predicted to realign in FY 2016, and the misalignment doesn’t affect overall funding needs.
2. The funding total for Academic Programs – Other reflects maximum enrollment in all current courses plus an additional fully funded one week residency course for BMDOC students, if approved by higher authority.
3. The funding total for NPDS – Other – WII reflects the re-alignment of one registered dental hygienist and two dental assistant contracts from WRNMMC, positions overlooked in the transfer of NPDS to NMPDC.

Products and Services

Product Line

Academics Learning Continuum

Description

The Academics Learning Continuum provides vision and oversight for NMPDC and Navy Medicine regarding education and training standards, policy, quality improvement, instructional assessment, evaluation, accreditation, and curriculum design of professional development short courses. Primary functions include reusable learning object design and implementation; blended course redesign; curriculum to skill object mapping; registrar, accreditation and certifications, implementation of the subject matter expert program; executive skills program development and maintenance.

Value to Navy Medicine

Academics ensures that technical, leadership, operational, and support services training provided in Navy Medicine meets mission-critical training and manpower requirements of the Fleet and MTF's Navy-wide.

Products / Services	Product / Service Description	FY15 Quantity	FY16 Quantity
AMDOC	Advanced Medical Department Officers Course – 2 weeks didactic; 7 courses/year	280	280
EMDEC	Executive Medical Department Enlisted Course – 2 weeks didactic; 6 courses/year	280	280
POMI	Plans, Operations & Medical Intelligence – 3 weeks; 4 courses / year	120	120
PAC	Patient Administration Officer Course – 4 weeks, 3 courses / year	90	90

R³

Relevant, Responsive, Requested

Navy Medicine Professional Development Center

Appendix A

JMPC	Joint Medical Planners course – 3 weeks; 4 courses / year	0	0
FMATC	Financial & Material Management Training Course – 3 months, 2 courses / year	32	32
TFMEP	Tricare Financial Management Executive Program Course– 4 days, 3 courses / year	120	120
MTM	Military Tropical Medicine Course – 6 weeks (4 weeks didactic, 2 weeks field); 1 course / year	80	80
GM	Global Medicine – 2 weeks. Hosted by USAF; 1 course / year	0	0
CMC	Clinic Management Course – 4 days; 9 courses / year	315	315

Product Line

Naval Postgraduate Dental School (NPDS)

Description

NPDS is a fully accredited dental education institution certified by the American Dental Association. The expressed purpose of NPDS is to provide a central postgraduate dental training site that can efficiently educate the prerequisite number of dental specialists required to support and ensure Operational Dental Readiness (ODR). NPDS administers advanced education programs in support of Navy Medicine’s mission to prepare qualified dental officers with the skill sets necessary to practice combat and peacetime dentistry, teach and mentor general dentists, and conduct dental research in direct support of Force Health Protection (FHP).

Value to Navy Medicine

Military Mission: NPDS is a productive, mission-focused, cost-effective component of the NMPDC. Effectiveness and efficiency of current operations have been positively influenced and documented using well-designed corporate performance metrics. NPDS dental officers’ training and in-garrison delivery of dental care are in direct support of ODR, Dental Health, and superior FHP for Active Duty Service Members.

Products / Services	Product / Service Description	FY15 Quantity	FY16 Quantity
Full-time In-service Programs	Measure of Total Residents in Fellowship and Residency Programs	55	51
Annual Continuing Education Short Courses	Maximum Attendance in Dentistry related Short Courses	575	590

R³

Relevant, Responsive, Requested

Navy Medicine Professional Development Center

Appendix A

Product Line

Degree/Specialty Resident Training Programs

Description

NMPDC provides the administrative and operational oversight to the students attending degree/specialty resident training programs to include non-degree and degree programs for all officer corps. This includes bachelor through post doctoral programs. The actual number of students in the program at any given time is the sum of all students selected in prior years still in a course of instruction. The length of the program varies with the course and the student, but, in general, the range is from one to six years.

Value to Navy Medicine

These programs produce individuals that significantly contribute to maintaining Navy Medicine's officer manpower strengths and specialties. Regarding non-degree programs, NMPDC provides Navy Medicine members state of the art training. For degree students, availability is restricted to Duty Under Instruction (DUINS) opportunities. These are determined by the "Needs of the Navy" and those "Requirements established within the specialty communities." The CNO provides NMPDC's guidance upon which our strategic plan is based.

Products / Services	Product / Service Description	FY15 Quantity	FY16 Quantity
MECP	Medical Enlisted Completion Program (MECP) for Bachelors of Science, Nursing	129	160
NC DUINS, Masters	Subspecialty Education Opportunities for Nurse Corps Officer to complete Master Programs in Nursing to include 3130, 3150, 1900-AQD68 (Baylor, USU), 1910, 1920, 1930, 1940, 1945, 1950, 1960, 1972, 1973, 1974, 1976	54	52
NC DUINS, PhD	Subspecialty Education Opportunities for Nurse Corps Officer to complete Doctoral Programs in Nursing to include 1900, 1972, 1973, 1974 and 1976	92	92
MSC IPP	Medical Service Corps In Service Procurement program (IPP). Includes HCA, EHO, RHO, IHO, SW, OT, PA and Pharm-D	64	76
MSC Non Degree	31 MSC Specialty Leaders provide opportunity for MSC Officers to receive fellowships or advanced Full Time Out of or In Service Training (FTOST/FTIST) in multiple MSC Specialties.	24	28
MSC Masters Degree	31 MSC Specialty Leaders provide opportunity for MSC Officers to receive a Masters Degree under FTOST/FTIST in multiple MSC Specialties.	33	17

FY 16 Quantity represent actual numbers in school/training on 1 Oct 2015.

R³

Relevant, Responsive, Requested

Navy Medicine Professional Development Center

Appendix A

Products / Services	Product / Service Description	FY15 Quantity	FY16 Quantity
MSC PhD	31 MSC Specialty Leaders provide opportunity for MSC Officers to receive a Doctoral Degree under FTOST/FTIST in multiple MSC Specialties.	13	10
DC DUINS	17 Dental Specialty Leaders request billets for both degree and non degree programs to include NADD and TORP programs based on current requirements.	85	113
MC FTIS	Full time In-service (FTIS) GME-1 Training for MC Officers	258	258
MC FTIS	Full time In-service (FTIS) GME-2+ Training for MC Officers	647	629
MC FTOS	Full Time Out-service (FTOS) GME for MC Officers	107	107

*Quantities are based upon 100% selection relative to the DUINS training pipeline.

Course/Training Catalog

CIN	Course Long Title Target Audience	Site Location	Date Last HPRR	Highest level of survey conducted (Kirkpatrick)
B-6I-2330	Advanced Medical Department Officer Course (AMDOC) – See page 11	NMPDC, Bethesda, Maryland	N/A	3
B-6I-2200	Clinic Management Course (CMC) – See page 10	World Wide	N/A	3
B-7D-0002	Financial and Materiel Management Training Course (FMATC) – See Page 12	NMPDC, Bethesda, Maryland	N/A	3
B-7D-0003	TRICARE Financial Management Executive Program (TFMEP) – See Page 8	CONUS Locations	N/A	3
B-6I-0002	Patient Administration Course (PAC) – See Page 9	NMPDC, Bethesda, Maryland	N/A	3
B-300-1789	Executive Medical Department Enlisted Course (EMDEC) – See Page 13	NMPDC, Bethesda, Maryland	N/A	3
B-6A-1501	Military Tropical Medicine Course (MTM) – See Page 7	World Wide	N/A	3
B-6I-2310	Plans, Operations, and Medical Intelligence Course (POMI) – Junior MSC Officers	NMPDC, Bethesda, Maryland	N/A	3

R³

Relevant, Responsive, Requested

New Offerings

Course/Training Name	Target Audience	Location
Prospective Commanding Officer, Executive Officer, & Command Master Chief Orientation	All Prospective Commanding Officers, Executive Officers, and Command Master Chiefs en route to their first Command tours.	BUMED HQ, Falls Church, Virginia
Clinical Informatics Workforce	BSO 18 Medical Corps, Nurse Corps, and Medical Service Corps officers who are interested in specializing in Clinical Informatics.	NMPDC, Bethesda, Maryland
Predictive Index	BSO 18 Senior Executives, Directors, Department Heads, and Senior Enlisted Leaders.	NMPDC, Bethesda, Maryland and NAVMED East and West sites in the Continental United States.

R³

Relevant, Responsive, Requested

Navy Medicine Operational Training Center FY16 Business Plan



Table of Contents

EXECUTIVE SUMMARY	3
COMMAND MISSION.....	3
COMMAND VISION	3
WHO WE ARE (MISSION, FUNCTIONS, AND TASKS)	3
ORGANIZATIONAL STRUCTURE	5
NMOTC HQ STRUCTURE.....	5
NMOTC DETACHMENT STRUCTURE.....	5
ORGANIZATIONAL MAP	6
FACILITY PROJECTS	7
CURRENT, FUNDED PROJECTS.....	7
PROJECTS FUNDED, BUT NOT STARTED	7
PROJECTS ACCEPTED, BUT NOT FUNDED	8
PROJECTED FACILITY ISSUES AND CONCERNS.....	8
MARKET ANALYSIS	9
WHO WE SERVE	9
FY15 INITIATIVES, OBJECTIVES, & ALIGNMENT	18
READINESS:.....	19
VALUE:.....	30
JOINTNESS:	32
CLOSEOUT INITIATIVES	33
COMMAND LEVEL PERFORMANCE METRICS	34
FY16 METRICS.....	34
CLOSEOUT FY15 METRICS	34
MANPOWER AND PERSONNEL	35
FY15 ONBOARD BILLETS AND FY16 PERSONNEL AUTHORIZED BY PRODUCT LINE	35
FY15 PERSONNEL ON BOARD BY UIC AND FY16 AUTHORIZED PERSONNEL	36
INSTRUCTOR STAFF SUMMARY	37
RESOURCES	38
PRODUCTS AND SERVICES	38
PRODUCTS AND SERVICES BREAKDOWN	41
COURSE TRAINING CATALOG	42
ENCLOSURE 1: ACRONYM LIST	47

Executive Summary

Commanding Officer: CAPT Paul D. Kane, MC, USN

Executive Officer: CAPT Kris M. Belland, MC, USN

Command Master Chief: HMCM (SW/FMF/AW) Omar G. Azmitia

Business Plan Contact: LTJG Matthew D. Forbes, MSC, USN; Karen Shuttlesworth

Command Mission

To provide training for Operational Medicine and Aviation Survival.

Command Vision

Recognized as the global leader in operational medicine, innovative and responsive to the challenges of the warfighter.

Who We Are (Mission, Functions, and Tasks)

The Navy Medicine Operational Training Center (NMOTC) is an echelon 4 shore activity in an active status under a Commanding Officer reporting to Commander, Navy Medicine Education and Training Command (NMETC). NMOTC provides administrative, professional, technical, and consultative services in operationally related Fleet and Fleet Marine Force medical matters worldwide. NMOTC conducts education and training programs for Medical Department personnel in various operational medical disciplines. NMOTC manages, coordinates and provides selected operational programs (e.g. aviation physicals and survival training) and services in direct support of the operating forces as directed by higher authority. NMOTC has 6 detachments and 60 facilities at 15 locations across the country. The NMOTC Detachments include:

- Naval Survival Training Institute (NSTI): Assists the joint warfighter in winning the fight by providing safe, effective, and relevant human performance and survival training for all DoD personnel. NSTI HQ is located in Pensacola FL with Aviation Survival Training Centers (ASTCs) in Cherry Point NC, Jacksonville FL, Lemoore CA, Miramar CA, Norfolk VA, Patuxent River MD, Pensacola FL, and Whidbey Island WA.
- Naval Aerospace Medical Institute (NAMI): Supports Navy and Marine Corps aviation units through expert aeromedical consultation, training of aeromedical personnel for operational assignments, application of aeromedical standards, services development, development and application of current aeromedical standards, and continual process improvement to provide statistically based aviation applicant screening tests. NAMI is located in Pensacola FL.
- Naval Undersea Medical Institute (NUMI): Provides training in Undersea Medicine and Radiation Health to officers and enlisted Sailors who will support warfighters in the Submarine Force, Naval Special Warfare, Naval Expeditionary Combat Command, the United States

R³

Relevant, Responsive, Requested

Marine Corps (USMC), and US Navy Bureau of Medicine and Surgery (BUMED). Provides expert consultation in Undersea Medicine and Radiation Health. NUMI is located in Groton CT.

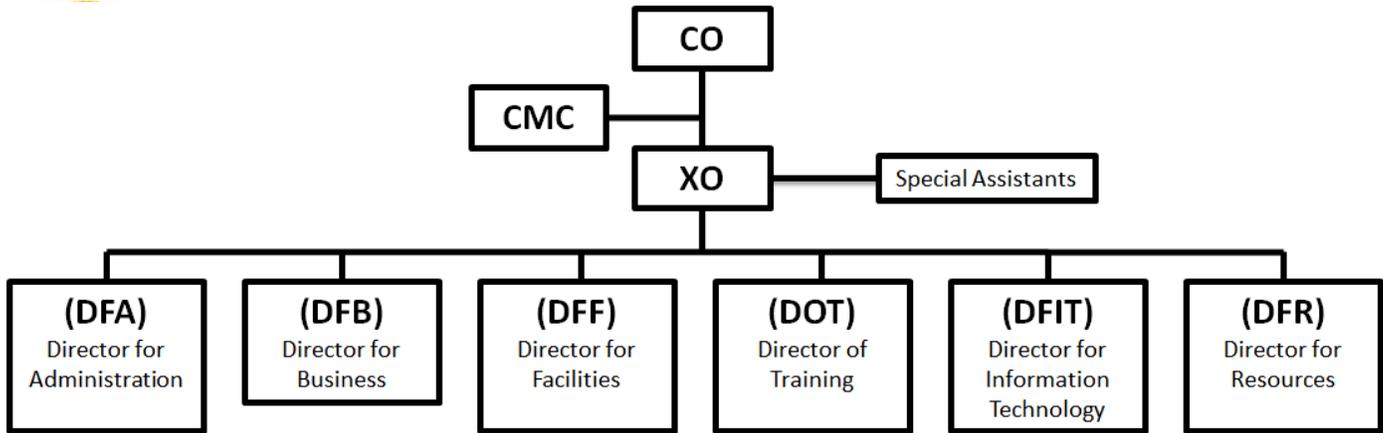
- Surface Warfare Medical Institute (SWMI): Provides medical education, operational training and certification for medical, dental and fleet personnel ashore and afloat in support of global operations.
- Naval Expeditionary Medical Training Institute (NEMTI): Provides training on the assembly, disassembly, establishment of command structure, and basic operations of an Expeditionary Medical Facility (EMF), ready for worldwide deployment. Serves as the Navy's field test and evaluation center for deployable medical systems, equipment, and doctrine and instruction of the EMF Collective Protection System (COLPRO). NEMTI is the BUMED designated "Center of Excellence" for Tactical Combat Casualty Care (TCCC) instruction and location of Expeditionary Medical Unit training for personnel deploying to Role II and Role III assignments in support of operational requirements. NEMTI provides administrative oversight to the Navy Trauma Training Center (NTTC), which provides an intense 21-day clinical experience in trauma management to Navy medical teams who will be deploying in support of Navy and Marine forces. NEMTI is located at Camp Pendleton and NTTC is located at the Los Angeles County + University of Southern California Medical Center in Los Angeles.
- Naval Special Operations Medical Institute (NSOMI): Conducts combat medical training for Special Operations Forces to include Reconnaissance Corpsmen, Sea Air and Land (SEAL) and Special Warfare Combat-Craft Crewman (SWCC) Medics under U.S. Special Operations Command (USSOCOM). NSOMI is located at Fort Bragg NC.

NMOTC is responsible for the largest training throughput in Navy Medicine, annually providing:

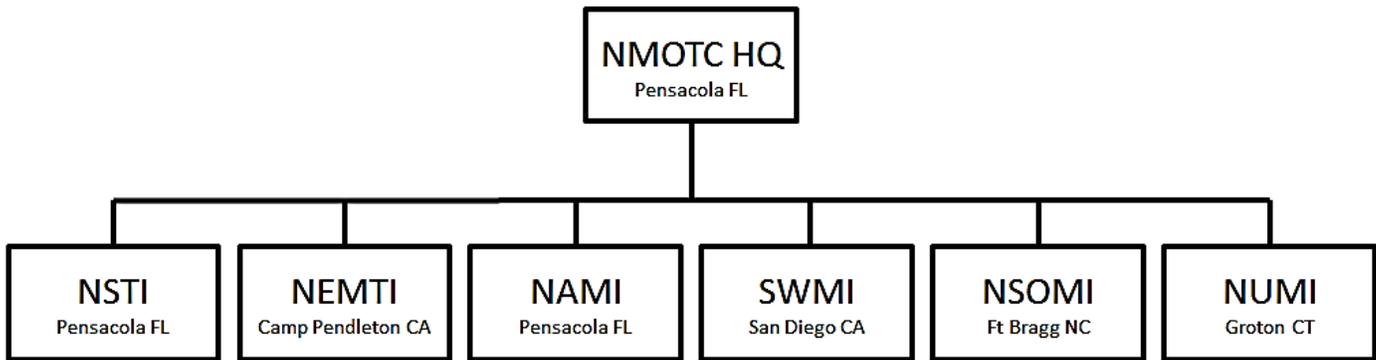
- 17,000 personnel trained
- 36,000 Aeromedical Dispositions (waivers & physicals)
- 250 Repatriated Prisoner of War evaluations
- 160 International Students trained
- 9,000 Aviation Selection Test Battery (ASTB) Psychology tests
- 2,200 Army Selection Instrument Flight Training (SIFT)
- 63 different courses of instruction

Organizational Structure

NMOTC HQ Structure



NMOTC Detachment Structure



Organizational Map



R³

Relevant, Responsive, Requested

Facility Projects

Current, Funded Projects

Type of Project	Location	Start Date	Completion Date	Status
BLDG 3944, RM001-12 Resurface Pool and install dehumidification unit	ASTC Pensacola, FL	SEPT 2013	JUN 2015	FY13 SRM Project
BLDG 2165, RM002-12 Restore Building Systems	ASTC Pax River, MD	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 961, RM003-12 Restore Building Systems	ASTC Lemoore, CA	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 960, RM004-12 Restore Building Systems	ASTC Lemoore, CA	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 3845, RM005-12 Restore Building Systems	ASTC Pensacola, FL	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 3801, RM006-12 Restore Building Systems	ASTC Pensacola, FL	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 63241, NF009-12 Construct Supply Storage Building	NEMTI, Camp Pendleton, CA	SEPT 2013	OCT 2015	FY13 SRM Project Design Build
BLDG 63241, RM010-12 Restore Computer Classroom	NEMTI, Camp Pendleton, CA	SEPT 2013	OCT 2015	FY13 SRM Project Design Build
BLDG 63243, RM011-12 Restore Classroom Building	NEMTI, Camp Pendleton, CA	SEPT 2013	OCT 2015	FY13 SRM Project Design Build
BLDG 2758, RM013-12 Restore Building Systems	ASTC Whidbey Island, WA	SEPT 2013	JUL 2015	FY13 SRM Project Design Build
BLDG 488, NF417-13 Restore Building Systems,	NMOTC HQ, Pensacola, FL	SEPT 2013	DEC 2015	FY13 SRM Project Design, Bid, Build
BLDG 3226, ST420-13 Restore Building Systems	NSTI, Pensacola, FL	SEPT 2013	JUN 2015	FY14 SRM Project Design, Bid, Build

Projects Funded, But Not Started

Type of Project	Location	Award Date	Completion Date	Status
BLDG 63243, NF015-12 Construct Addition to Seabee Shop	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project Design Build Design Phase
BLDG 63243, NF016-12 Construct AT/ FP Parking Lot	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project Design Build Design Phase
BLDG 63243, NF419-13 Construct Firearms Training Building	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project Design Build Design Phase

R³

Relevant, Responsive, Requested

BLDG 63243, NF418-13 Construct Student Command Post	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project Design Build Design Phase
BLDG 63243, NF417-13 Construct Restroom Facility	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project – Design Build Design Phase
BLDG 63243, NF416-13 Construct Server Room	NEMTI, Camp Pendleton, CA	SEPT 2014	JUN 2016	FY14 SRM Project – Design Build Design Phase
BLDG 159, RM412-14 Restore Building Systems and Functional Configuration	NUMI, Groton, CT	SEPT 2014	OCT 2017	FY14 SRM Project – Design Build Design Phase
BLDG 3957, RM415-13 Resurface Pool and Repair Dehumidification System	ASTC Cherry Point, NC	SEPT 2014	APR 2017	FY14 SRM Project – Design Build Design Phase
BLDG 4065, RM414-13 Restore Building Systems	ASTC Cherry Point, NC	SEPT 2014	JUN 2016	FY14 SRM Project – Design Build Design Phase

Projects Accepted, But Not Funded

Expected Year to Start	Type of Project	Location
N/A	N/A	N/A

Projected Facility Issues and Concerns

NMOTC has addressed numerous issues and deficiencies for its facilities within the past 5 years with 32 Sustainment, Restoration, and Modernization (SRM) projects. NMOTC has 12 SRM projects under construction and 9 SRM projects under design phase that were awarded in FY14. Local projects are being addressed through the Maintenance Action Plan (MAP).

Market Analysis

Who We Serve

We provide programs of instruction to seven different communities: Undersea Medicine, Surface Medicine, Aerospace Medicine, Line Aviation, Expeditionary Medicine, Special Operations Medicine, and Healthcare Support. Student audience is composed of officers and enlisted members from all branches of military service. Graduation results in a Navy Enlisted Classification (NEC), Navy Officer Billet Classification (NOBC), certificate of completion, or civilian licensure. We also screen and determine flight eligibility of all Navy and USMC aviators and aircrew.

Navy Unique Programs and Services

Programs that provide unique service and education and training to your customers.

1. Program, course, service or training: Undersea Medicine Training Courses

Describe your program. Explain how it excels and provides value to Navy Medicine:

These 8 courses provide education in Undersea Medicine and Radiation Health. The topics are unique to Navy Medicine and include:

- Submarine Force Independent Duty Corpsman (IDC)
- Deep Sea Diving IDC
- Refresher Training for Undersea IDC
- Radiation Health Technician
- Radiation Health Indoctrination
- Undersea Medical Officer
- Radiation Health Officer
- Submarine Force Independent Duty Corpsman (Alternative Training Pipeline)

- What type of program is it
 - All courses are instructor-led
- Why is it service unique
 - Courses are specific to undersea medicine and Navy radiation health programs
- How long is the course/ training
 - Courses range from 5 to 365 days in length
- Number of training evolutions
 - Number of evolutions per year ranges from 2 to 7
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 5 to 25

R³

Relevant, Responsive, Requested

- Do we billet students
 - Majority of the students are Permanent Change of Station (PCS)
- Estimated total cost per year to support
 - \$1,945,267.00
- Result of training
 - Training results in either a NEC, NOBC, or a certificate of completion

Recommendations for Program Enhancement:

Consolidation of like training to increase fiscal responsibility. Increased use of robust simulation technologies.

2. Program, course, service or training: Surface Force Medicine Training Courses

- **Describe your program. Explain how it excels and provides value to Navy Medicine:**
Provides educational programs in Operational Medicine to Navy personnel in a variety of disciplines, in their preparation to support the Naval Surface Forces. The topics are unique to Navy Medicine and include:
 - Commander Amphibious Task Force Surgeon Course
 - Surface Warfare Medical Officer Indoctrination Course
 - Surface Warfare Medical Department Officer Indoctrination Course
 - Medical Regulating Course
 - Casualty Receiving and Treatment Ship and Medical Augmentation Program Training
 - Dental Operational Forces Management Training
 - Surface Force IDC
 - Refresher Training (REFTRA) IDC
 - Surface Force Medical Indoctrination Course (SFMIC)
- What type of program is it
 - All courses are instructor-led
- Why is it service unique
 - Courses are specific to Navy Medicine Operational Platforms.
- How long is the course/ training
 - Courses range from 3 to 348 training days in duration.
- Number of training evolutions
 - Number of evolutions per year ranges from 1 to 12
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 25 to 100
- Do we billet students

- Students are Permanent Change of Station (PCS), on Temporary Assigned Duty (TAD) or locally based.
- Estimated total cost per year to support
 - \$4,933,112.00
- Result of training
 - Successful completion of training results in either a certificate of completion or a Navy Enlisted Classification (NEC) being assigned to the graduate.

Recommendations for Program Enhancement:

Expand campus connectivity through the utilization of a wireless network, tablet technology, streaming of practical training sessions and the expansion of the Detachment's virtual classroom.

3. Program, course, service or training: Aerospace Medicine Training Courses

- Describe your program. These courses provide education in aerospace medicine. Other services provide similar topics, but our students are trained to fly. The topics are unique to Navy Medicine and include:
 - Aerospace Medicine Technician
 - Aerospace Medicine Residency
 - Naval Flight Surgeon
 - Naval Flight Surgeon Refresher Training
 - Aerospace Physiology
 - Aerospace Experimental Psychology
 - Medical Service Corps Naval Aerospace Optometrists
 - Naval Aviation Medical Examiner
- What type of program is it
 - All courses with the exception of one are instructor led; one is a residency program.
- Why is it service unique
 - Our students are trained to fly; we provide enhanced clinical hands-on training; we teach in-depth mishap investigations that AMOs will perform; we have diversity in the program. Currently adding Aviation Physician Assistants to the aeromedical team of healthcare providers.
- How long is the course/ training
 - Courses range from 33 to 166 days in length (Residency program 2-3 years).
- Number of training evolutions

- Number of evolutions per year ranges from 1 to 4.
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 4 to 36.
- Do we billet students
 - Students are billeted as either PCS or TAD. We do not own the barracks.
- Estimated total cost per year to support
 - \$2,070,604.00
- Result of training
 - Training results in either a NEC, NOBC, certificate of completion, or board eligibility.

Recommendations for Program Enhancement:

NAMI incorporates all materials from the tri-annual Human Performance Requirements Review (HPRR) for continuous process improvement. HPRR completed July 2014 is in the process of being integrated into the respective courses. Developing opportunities to better support curriculum development and be positioned to promptly respond to Navy aeromedical requirements.

4. Program, course, service or training: Naval Aviation Survival Training Program (NASTP)

- Describe your program. The 24 courses provide education to optimize skills in the aviation environment and in aviation survival. Other services provide similar topics but our students receive training in aviation physiology, flight equipment as well as water survival skills. The topics are unique to Navy Medicine and include:
 - Aircrew Indoctrination NASTP Training For Class 1 Aircraft
 - Aircrew Indoctrination NASTP Training For Class 2 Aircraft
 - Aircrew Indoctrination NASTP Training For Class 3 Aircraft
 - Aircrew Indoctrination NASTP Training For Class 4 Aircraft
 - Aircrew Refresher NASTP Training For Class 1 Aircraft
 - Aircrew Refresher NASTP Training For Class 2 Aircraft
 - Aircrew Refresher NASTP Training For Class 3 Aircraft
 - Aircrew Refresher NASTP Training For Class 4 Aircraft
 - Non-Aircrew NASTP Training For Class 1 Aircraft
 - Non-Aircrew NASTP Training For Class 2 Aircraft

- Non-Aircrew NASTP Training For Class 3 Aircraft
 - Non-Aircrew NASTP Training For Class 4 Aircraft
 - Non-Aircrew Underwater Emergency Egress
 - USMC "Non-Aircrew" Personnel Underwater Egress Familiarization and Orientation
 - Survival Swimming
 - Aviation Water Survival Instructor
 - Helicopter Aircrew Breathing Device Instructor
 - Supplemental Emergency Breathing Device
 - CBR Underwater In-Water Egress And Survival
 - Advanced Helicopter Underwater Egress Training
 - Naval Aerospace Physiology Internship
 - High Altitude Parachutist Physiology (HAPP)
 - Centrifuge-Based Flight Environment Training (G-Tolerance)
 - Dynamic Hypoxia Training
 - Aerospace Physiology Technician
-
- What type of program is it
 - All courses are instructor-led.
 - Why is it service unique
 - Courses provide a one-stop shop by providing a combination of aviation physiology, altitude threat, flight equipment use, as well as water survival training. This is not accomplished by any other service.
 - How long is the course/ training
 - Courses range from 1 to 4 days in length with the exception of the APT and internship program which are 1-2 years.
 - Number of training evolutions
 - Courses are taught at eight sites throughout the Continental US (CONUS), many are provided on an as needed basis, number of evolutions per year varies.
 - Volume of students per class, or per year if a service
 - Number of students per class ranges from 18 to 40.
 - Average 20,000 students per year.
 - Do we billet students
 - Majority of students are local, some TAD.
 - Estimated total cost per year to support
 - No costing model exists at this time.

- Result of training
 - Training results in a certificate of completion. Without currency in NASTP training aviators are restricted from flying.
- Other primary attributes.
 - NMOTC has addressed numerous issues and deficiencies for the ASTC facilities within the past 2 years with 11 SRM projects and 3 additional SRM projects programmed.

Recommendations for Program Enhancement:

Implement enhanced simulator training in Aviation Physiology modules. Working in conjunction with industry, investigate and leverage current and developmental technology to provide enhanced NASTP training that is safe, relevant and effective.

Non-Unique/Interoperable Programs, Services, Courses and/or Training

High cost, low volume, unfunded, or otherwise at risk programs that provide services also offered by other military or non-military organizations.

1. Program, course, service or training: Expeditionary Medicine Training Courses

- Describe your program. NEMTI provides similar courses in content to those taught by the Army, Air Force, and some Medical Treatment Facilities (MTFs).
 - Expeditionary Medical Unit Training (EMUT) is a 7-day course focused on unit cohesion and team building, while concentrating on the Clinical Practice Guidelines set forth from CENTCOM, BUMED and US Fleet Forces command. Individuals deploy to Role II and III settings.
 - Expeditionary Medical Facility (EMF) Training is currently under revision with the reestablishment of the Navy Training Systems Plan (NTSP). Current program includes the organization, assembly, disassembly, Collective Protection (COLPRO) and familiarization of M-9 Service pistol. COLPRO is utilized for 72-hour protection during chemical, biological, radiological (CBR) exposure.
 - NAVMED Tactical Combat Casualty Care Provider Training (TCCC-S), per the newly published BUMED instruction 1510.25, identifies NEMTI as Navy Medicine's TCCC Center of Excellence. Program enhances operational readiness throughout the BSO-18.
 - NAVMED Tactical Combat Casualty Care, Train the Trainer (TCCC-T), per the newly published BUMED instruction 1510.25, identifies NEMTI as Navy Medicine's TCCC Center of Excellence. Increase readiness through establishing a standard instructor cadre.

- Navy Trauma Training Center Program (NTTC) provides didactic and clinical trauma exposure that enhances personal and team knowledge and skills. Training schedule includes clinical shifts, formal didactics, case discussions, simulator training, and cadaver dissection labs.
- What type of program is it
 - All courses are instructor-led
- Why is it service unique
 - NEMTI and NTTC provide valuable and timely readiness training and critically unique operational medical training for the Navy, Marine Corps, our Joint partners and Coalition members.
- How long is the course/ training
 - Courses range from 3-21 days in length.
- Number of training evolutions
 - Number of evolutions per year ranges from 2 to 11.
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 24 to 250.
- Do we billet students
 - NEMTI currently has 11 South East Asia huts (SEAHUTS), which billet students for EMF and EMU. During TCCC, the SEAHUTS are an option for billeting, however many Commands provide lodging allowance. Orsini Apartment Complex has been contracted for billeting utilization during the NTTC course.
- Estimated total cost per year to support
 - \$1,990,015.70
- Result of training
 - Training results in certificate of completion.

Recommendations for Program Enhancement:

- Finalized EMF NTSP
- Finalized EMF Required Operational Capabilities and Projected Operational Environment (ROC-POE)
- Deliberate/enduring coordination between BUMED and NECC on EMF training
- Deliberate/enduring financial/procurement practices for EMF equipment sustainment between BUMED and Navy Expeditionary Medical Support Command (NEMSCOM)
- Fully developed Training Allowance (TA) for Civil Engineering Support Equipment (CESE) for EMF training

2. Program, course, service or training: Special Operations Medicine Training

These five courses:

- Fleet Marine Force Reconnaissance Technician (SOCM)
- Special Operations Independent Duty Corpsman (ADSOCM)

R³

Relevant, Responsive, Requested

- Special Operations Technician (SOCM)
 - Refresher Training For Special Operations Forces Medical Skills (SOFMSSP)
 - Fleet Marine Force Reconnaissance Independent Duty Corpsman (ADSOCM)
- are taught at Fort Bragg, NC. The curriculum is owned by the Army. We provide SME and instructor support.

What type of program is it?

- All courses are instructor-led
- How long is the course/ training
 - Courses range from 12 to 250 days in length
- Number of training evolutions (if applicable)
 - Number of evolutions per year ranges from 7 to 14
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 6 to 11
- Do we billet students
 - Students are PCS and TAD
- Estimated total cost per year to support
 - No costing model exists at this time
- Result of training
 - Training results in either a NEC or a certificate of completion
- Other primary attributes.
 - Direct impact of the joint training has been the phenomenal survivability of battlefield injuries.

Could the program be provided by someone else?

The courses are owned by the Army. NMOTC only provides SME and instructor support.

What would be the impact if the program was provided by someone else?

Currently the Army provides the courses; Navy Medicine takes a supporting role.

Recommendations for Program's Future:

It is recommended to increase student quotas for Navy/ USMC personnel to fulfill expected increased demand signal.

3. Program, course, service or training: Healthcare Support Training Courses

These 3 courses:

- Drug and Alcohol Abuse Counselor course

R³

Relevant, Responsive, Requested

- Advanced Dental Assistant course
- Physician Assistant Phase 2

are similar in content to those taught by the Army, Air Force, and many civilian-learning institutions.

What type of program is it?

- The Advanced Dental Assistant and Drug and Alcohol Abuse Counselor courses are instructor led. Phase 2 of the Physician Assistant course is clinical rotations.
- How long is the course/ training
 - Courses range from 72 to 383 days in length
- Number of training evolutions
 - Number of evolutions per year ranges from 1 to 4
- Volume of students per class, or per year if a service
 - Number of students per class ranges from 20 to 32
- Do we billet students
 - ADAP students are billeted. Other students are PCS.
- Estimated total cost per year to support
 - \$1,138,076.00
- Result of training
 - Training results in either a NEC or eligibility for civilian licensure

Could the program be provided by someone else?

Yes, these courses are already being taught by the Army, Air Force, and many civilian learning institutions.

What would be the impact if the program was provided by someone else?

No impacts have been identified at this time.

Recommendations for Program's Future:

Recommendations would include following the course's development and revision process. If a course will be outsourced, a Front End Analysis (FEA) and a Business Case Analysis (BCA) will have to be conducted.

FY16 Initiatives, Objectives, & Alignment

#	Initiative	NMETC objective	NAVMED alignment
1	Validate training requirements and obtain resource sponsor commitment for all NMOTC training.	Deliver ready capabilities to the operational commander	Readiness
2	Ensure continuity of Core IDC Program at SWMI and NUMI	Deliver ready capabilities to the operational commander	Readiness
3	Align all courses to the NAVEDTRA 130-140 series	Deliver ready capabilities to the operational commander	Readiness
4	Validate course effectiveness Level 3 surveys (NETC)	Deliver ready capabilities to the operational commander	Readiness
5	Analyze Business Processes for Efficiency and Effectiveness	Deliver ready capabilities to the operational commander	Readiness
6	Enhance training through use of simulation / simulators	Deliver ready capabilities to the operational commander	Readiness
7	Implement Use of Unmanned Aviation Operators Screening	Deliver ready capabilities to the operational commander	Readiness
8	Implement Aerospace Medicine Residency	Deliver ready capabilities to the operational commander	Readiness
9	Ensure continuity of the Flight Medic Course	Deliver ready capabilities to the operational commander	Readiness
10	Command e-campus project	Improve lifecycle management and inventory control	Value
11	Market our Value, Readiness and Jointness	Improve Navy Medicine interoperability	Jointness

R³

Relevant, Responsive, Requested

Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.

INITIATIVE #1

Title	Action Officer	Start date	End date
Validate Training Requirements and obtain resource sponsor commitment for all NMOTC training	Director of Training in collaboration with Resource Sponsor N093	1/1/14	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>R2: Deliver relevant capability and capacity for theater engagement operations</i></p>			
Description		Resources required	
Identify requirement sponsor and secure resource sponsor commitment. This is occurring during the HPRR process performed on each course over 3 year rotation.		Resources beyond current capabilities are not required at this time.	
Anticipated Benefit		Measure of effectiveness	
Solidifying fleet requirements for expeditionary, surface, submarine and survival training will provide fiscal sustainability and a way forward in anticipation of ever-evolving needs.		Receipt of requirement and fiscal support ensures a way forward.	
Actions/current status			
<ul style="list-style-type: none"> • June 2015: Course validation has been implemented as part of the HPRR process. Requirement sponsors and resource sponsors have played an active role at NMOTC course HPRRs. • Sept 2014: Validation of requirement sponsor was added to Human Performance Requirements Review (HPRR); all courses reviewed on a 3 year rotation. 			

INITIATIVE #2

Title	Action Officer	Start date	End date
Ensure continuity of Core IDC Program at SWMI and NUMI	SWMI OIC; NUMI OIC	August 2014	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>R2: Deliver relevant capability and capacity for theater engagement operations</i></p>			
Description		Resources required	
Directed to align Common Medical Core curriculum for Surface and Submarine IDC programs. The two schoolhouses identified relevant topics and agreed upon hours for the respective Surface, Submarine, and Dive IDC programs.		Pending the outcome of recent HPRR action items for the Medical Core; resource requirements have not been identified for aligning units/hours.	
Anticipated Benefit		Measure of effectiveness	
IDCs will receive standardized training in Common Medical Core topics resulting in a more consistently trained IDC.		Utilize the HPRR process, fleet feedback and course reviews to identify training shortfalls.	
Actions/current status			
<p>May 2015:</p> <ul style="list-style-type: none"> • A new Dive IDC Course Identification Number (CIN) is pending endorsement from NMETC and if approved, will ensure Dive IDC students do not miss training time during the SFIDC program. NMETC initiated a Business Case Analysis (BCA) to determine the feasibility of approving additional days required, but the results have not been determined. • HPRRs were conducted on all IDC programs in March 2015 and both schoolhouses are jointly managing the HPRR action chits developed from the review. • A proposal for common medical core hours was submitted to NMETC aligning common medicine training hours for Surface Force, Dive and Submarine IDCs. 			

R³

Relevant, Responsive, Requested

INITIATIVE #3

Title	Action Officer	Start date	End date
Align all courses to the NAVEDTRA 130-140 series	Director of Training	March 2013	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>J2: Improve Navy Medicine interoperability</i></p> <p><i>J3: Improvement communications and alignment</i></p>			
Description		Resources required	
<p>Complete formal course reviews for all undersea, surface, aerospace, and expeditionary medicine courses.</p> <p>Develop and implement the standardized Human Performance Review business process of Navy Education and Training. Implement a three year HPRR cycle.</p>		<p>Resources beyond current capabilities are not required at this time.</p>	
Anticipated Benefit		Measure of effectiveness	
<p>Implementation of navy education and training standard school house management model processes will align with Office of the Chief of Naval Operations (OPNAV) business and identify areas for course improvements.</p> <p>Direct feedback/input from the fleet ensures that the training provided aligns with the needs of the fleet</p>		<p>Completion of formal course review cycle measuring progress at detachment meetings. A completed Formal Course Review (FCR) checklist for each course and modifications made due to the FCR.</p> <p>Completed HPRR Action Chits resulting in course modifications.</p>	
Actions/current status			
<ul style="list-style-type: none"> • June 2015: HPRR's continue on the 3 year cycle, to include new courses added to the NMOTC AOR. • March 2014: All courses on formal review cycle annually. 			

INITIATIVE #4

Title	Action Officer	Start date	End date
Validate Course Effectiveness	Director of Training; NMETC Quality & Effectiveness Focus Group	10/1/13	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>J3: Improve communications and alignment</i></p>			
Description		Resources required	
Formally establish the use of level three surveys in cooperation with NETC. In cooperation with NMETC, leverage survey capabilities to survey the fleet commanders on the quality of operational medicine readiness training. Begin by validating the Independent Duty Corpsman (IDC) course effectiveness.		Resources beyond current capabilities are not required at this time	
Anticipated Benefit		Measure of effectiveness	
Directly supports Navy Medicine's readiness goal to provide agile, adaptable, and scalable capabilities by delivering ready capabilities to the operational commander. Directly supports the strategic enabler objective strategic communications and alignment with the fleet.		Successful establishment of level three survey process.	
Actions/current status			
<ul style="list-style-type: none"> January 2015: NMETC Value objective established to address effectiveness. This will continue to be monitored. July 2014: NMOTC has collaborated with NETC to nominate NMOTC courses for evaluation by the fleet. Recommend placing this initiative on hold until the instruction is approved. Once approved allow for one year to implement. 			

R³

Relevant, Responsive, Requested

INITIATIVE #5

Title	Action Officer	Start date	End date
Analyze Business Processes For Efficiency And Effectiveness	Executive Officer; Business Office	1/15/14	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>V3: Standardize clinical, non-clinical, and business processes</i></p>			
Description		Resources required	
<p>Establish NMOTC Business Cell to evaluate business and operational processes. The cell provides a venue for launching improvement initiatives, evaluating detachment business operations, identifying areas for business case analysis, and monitoring project plans. Functionally integrates with existing executive forums such as executive steering council, Position Management Board (PMB), and resource requirements review board. Purposely supports the command's commitment to continuous performance improvement.</p>		<p>No resource funding required. This is conducted via existing telephone conferencing (TELECON).</p>	
Anticipated Benefit		Measure of effectiveness	
<p>Directly supports Navy Medicine's dedication to providing the right training, equipment, and resources to effectively meet operational training requirements. Directly supports Navy Medicine's strategic enabling objective: standardize clinical, non-clinical and business processes.</p>		<p>Outcomes tracked by business office resulting in funding commitments, resolved manning issues, establishment of technology board and an organizational change to improve communications.</p>	
Actions/current status			
<ul style="list-style-type: none"> June 2015: Business initiative was successful and continues to be active. 			

- January 2015: Presentations have produced results such as a funding commitment from BUMED Client Executive, resolved manning conflicts, detailed analysis of Information Management Information Technology (IMIT) staffing contract, and a NMOTC HQ's organization.

INITIATIVE #6

Title	Action Officer	Start date	End date
Enhance Training Through Use Of Simulation/ Simulators	Director of Training in collaboration with NMETC Simulation Committee, and NMOTC representative, SWMI OIC	2/1/14	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R3: Optimize use of medical informatics, technology, and telehealth</i></p> <p><i>R2: Deliver relevant capability and capacity for theater security engagement operations</i></p>			
Description		Resources required	
Identify and procure simulation equipment and resources for the enhancement of medical modeling and simulation throughout NMOTC training programs.		FY15 equipment requests totaling \$1.1M were submitted for purchase through NMETC. Additional resource requirements include \$200K in warranty contracts, to be purchased by NMOTC.	
Anticipated Benefit		Measure of effectiveness	
Directly supports Navy Medicine's readiness objective by leveraging technology and increasing responsiveness to the evolving needs of medical operations. Also supports the readiness objective by optimizing the use of medical informatics, technology and telehealth.		The value of simulation technology will be monitored via student, staff and Fleet feedback, as well as, enhancement in student confidence in performing medical skills as measured through studies conducted by Naval Health and Research Center.	
Actions/current status			
<ul style="list-style-type: none"> May 2015: 			

R³

Relevant, Responsive, Requested

- 1) Awaiting purchase of \$800K in simulation equipment and confirmation of Strategic Operations Inc. contract for FY16 by NMETC.
- 2) Simulation Technologist contract support for NUMI to begin in June 2015.
- 3) Modeling and simulation resources for new Flight Medic Course at Naval Aerospace Medical Institute under review.
- March 2015: BUMED Instruction 1543.1A (NAVY MEDICINE MODELING AND SIMULATION MANAGEMENT) provided guidance on simulation devices and technology to include NMETC and NMOTC specifically.

INITIATIVE #7

Title	Action Officer	Start date	End date
Implement Use Of Unmanned Aviation Operators Screening	Commanding Officer; NAMI OIC; NAMI Operational Psychology DH	2/1/14	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>J2: Improve Navy Medicine interoperability</i></p>			
Description		Resources required	
Integrate Selection for Unmanned Aerial System (UAS) Personnel (SUPer) test into Automated Pilot Examination (APEX) system and oversee test administration for all Unmanned Aerial System (UAS) Air Vehicle Operator (AVO) candidates. Develop, integrate, and manage UAS AVO selection test as part of the Automated Pilot Examination (APEX) system.		Office of Naval Research (ONR) will provide funding to support infrastructure, manpower costs, required travel, and equipment purchases for the program.	
Anticipated Benefit		Measure of effectiveness	
Enhancing processes will have a positive impact on mission capabilities and services provided to fleet.		Monitor progress monthly at NAMI detachment meeting. Evaluate total project execution status in one year.	
Actions/current status			
<p>June 2015:</p> <ul style="list-style-type: none"> Phase I of project is complete. Report providing a synthesis of UAS job-task analyses data, identification of critical knowledge, skills, abilities, and other characteristics for AVOs, identification of existing government and DoD candidate selection tests, and recommendations submitted to academic leads on project, Georgia Tech and Georgia Tech Research Institute, to assist with development of a prototype UAS selection test battery, simulations, and performance metrics (Phase II). Version I of prototype UAS selection test battery is scheduled for delivery to NAMI in April 2016. Assessment of compatibility with APEX platform is ongoing to ensure smooth transition of final product in FY18. 			

- FY15 Level B Technology Transition Agreement (TTA) currently under review and letter of endorsement from the Marine Corps is being obtained. ONR Code 34 is the Science and Technology (S&T) Sponsor; NMOTC CO is the Acquisition Program Manager; and Director, BUMED CD&I is the Resource Sponsor.

INITIATIVE #8

Title	Action Officer	Start date	End date
Implement changes in Aerospace Medicine Residency to offset Army transition of their Occupational Medicine Residency to USASAM / Fort Rucker	NMOTC CO; NAMI OIC; Director of Training	7/1/2015	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>R2: Define and maintain clinical currency for the medical force</i></p> <p><i>J2: Improve Navy Medicine interoperability</i></p>			
Description	Resources required		
With the transfer of the Army Occupational Medicine Residency to Fort Rucker, NMOTC is seeking to maintain the clinical and educational excellence that has been exemplified by the combined Aerospace/Occupational training pipeline.	<ul style="list-style-type: none"> • If Occ Med COA chosen, application to ACGME for accreditation of second residency and approval from the American Board of Preventive Medicine (ABPM) for combined training must be obtained; Sponsoring Institution (NMOTC) must provide accreditation fee (~\$6,000 annually) • If combined training with other specialties is chosen, logistics of selection, order of training, etc. must be delineated • Multiple new MOUs must be created 		
Anticipated Benefit	Measures of effectiveness		
Optimized training will maintain academic excellence in the RAM, attract the most highly qualified applicants and provide operational	<ul style="list-style-type: none"> • Success in operational assignments • Residency graduation rate /Board Pass Rate 		

R³

Relevant, Responsive, Requested

physicians with the most relevant training for the required missions to the Fleet

- Success in career progression of Aerospace Medicine physicians
- Quality of applicants

Actions/current status

June 2015: Multiple COAs presented, pending decision from NMPDC/MEPC/Chief of MC/Deputy Surgeon General:

- Create new Navy Occupational Medicine Residency combined with the RAM at NMOTC.
- Create non accredited Operational Medicine “Fellowship” / Enhanced clinical year
- Create process for combined training with another specialty (FM/EM/IM) –
 - Option 1: Sustain FM residency at NH Pensacola;
 - Option 2: Pre-selection / additional application to other residencies (Requiring PCS for additional training at conclusion of RAM training)
- Terminate additional year of training – make RAM two years; Graduates have option to head to Fleet earlier or seek additional specialty training on their own initiative

R³

Relevant, Responsive, Requested

INITIATIVE #9

Title	Action Officer	Start date	End date
Ensure continuity of the Flight Medic Course (FMC)	Commanding Officer; Director of Training; NAMI OIC	3/13/15	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.</i></p> <p><i>R1: Deliver ready capabilities to the operational commander</i></p> <p><i>R2: Define and maintain clinical currency for the medical force</i></p> <p><i>J2: Improve Navy Medicine interoperability</i></p>			
Description		Resources required	
<p>Ensure the continuity of the Flight Medic course based upon medical lessons learned, scientific research, and input from USN and USMC SMEs. The goal of the training is to develop a deployable flight medic that can function equally with the USN and USMC evacuation pipelines and ensure the optimal quality of care based upon reported battlefield injuries.</p>		<p>The Front End Analysis (FEA) is being crafted by NMOTC; required resources have not been identified. Modeling after the current US Army FMC, NMOTC has identified a potential location, building, and classroom space that could accommodate the Navy FMC.</p>	
Anticipated Benefit		Measure of effectiveness	
<p>By training a FMC that can serve equally in USN and USMC airframes, the community of practice will enhance fleet evacuation processes, improve impact on mission capabilities, and services provided to fleet.</p>		<ul style="list-style-type: none"> • Success in operational assignments for students • Feedback from the fleet concerning quality of Flight Medics 	
Actions/current status			
<p>May 2015:</p> <ul style="list-style-type: none"> • Phase I of project is complete with the approval of the FMC Job Duty Task Analysis (JDTA) which outlines the knowledge, skills, and abilities of FMC. • The FEA is ongoing and will be completed by 30 July 2015. Once approved, this FEA will provide data needed by the Business Case Analysis (BCA) process to determine length of course, resources required, number of instructors and support personnel, etc. • Upon approval of FEA, NAMI will begin the development of the Training Project Plan (TPP) in conjunction with NMOTC that will generate a course outline, topics of instruction, and timelines for completion. In order to generate TPP in Content Planning Module (CPM) / 			

R³

Relevant, Responsive, Requested

Learning Objects Module (LOM) of the Authoring Instructional Materials (AIM), NAMI has to wait on the FEA to be completed as the CPM will not accept inputs until FEA approved by NMETC.

- Progress will be monitored at NAMI detachment meetings.

Value: We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.

INITIATIVE #10

Title	Action Officer	Start date	End date
Command e-campus project	Director of Training; Director of Information Technology	3/1/2014	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Value: We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.</i></p> <p><i>R3: Optimize use of medical informatics, technology</i></p> <p><i>V3: Standardize clinical, non-clinical, and business processes</i></p>			
Description		Resources required	
Provide a state-of-the-art delivery vehicle of medical training to USN medical professional in line with collegiate standards of conveyance throughout the command through the use of an e-campus initiative with an e-library		Resources beyond current capabilities are not required at this time.	
Anticipated Benefit		Measure of effectiveness	
The NMOTC e-learning will collaborate learning systems with an electronic library service. IMIT will guide the configuration management of all electronic resources; ensure compliance of all security, regulatory and legal standards.		Evaluate success of e-campus after a command launch	
Actions/current status			
<ul style="list-style-type: none"> • May 2015: The e-library has built a graphic user interface to local students, researchers, and staff. Course data and curricula have been loaded from NAMI and NUMI. Tablets have been reconstituted for use by SWMI IDC staff and students. NAMI and SWMI have installed commercial wireless fidelity (Wi-Fi) for future use with e-campus. NUMI has installed Non-Secure Internet Protocol Router (NIPR) Wi-Fi. 			

- March 2014: An NMOTC Instruction and Charter are complete. The Technology Strategy Board (TSB) meets twice monthly to discuss ongoing technology implementation and integration opportunities.
- January 2014: The tablet pilot transitioned into the e-campus project.

Jointness: We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.

INITIATIVE #11

Title	Action Officer	Start date	End date
Market Our Value, Readiness And Jointness	Director for Administration; Public Affairs Officer	10/1/14	ONGOING
Strategic alignment with Navy Medicine Strategic Initiatives			
<p><i>Jointness: We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.</i></p> <p><i>J3: Improve communications and alignment</i></p>			
Description		Resources required	
Align and support NMETC marketing strategies		Resources beyond current capabilities are not required at this time.	
Anticipated Benefit		Measure of effectiveness	
Articulating mission and achievements will have a positive impact by educating fleet and sister services of NMOTC successes, achievements and ready capabilities.			
Actions/current status			
<ul style="list-style-type: none"> • June 2015: In FY15 2nd quarter, NMOTC has had 6 publications, 24 presentations, 3 interviews, 7 distinguished visitors, and 6 newspaper articles. • January 2015: The command Stakeholders' Report was published. 			

FY 15 Closeout Initiatives

<i>Initiative Title</i>	<i>Completion Date</i>	<i>Status</i>
Sustain funding for AERO	10/1/2014	NAMI Physical Qualifications has fully implemented AERO. The backlog is monitored at detachment meetings.

R³

Relevant, Responsive, Requested

Command Level Performance Metrics

FY16 Metrics

Product Line or Service	Metric Title	Metric Parameters (Numerator/Denominator)	Target (Goal)	FY15 Trend
NASTP Survival Training	NSTI Graduation Rate	Number of graduates/ number of students enrolled	90% or higher	93%
Undersea, Surface Warfare, Aerospace, Expeditionary, Special Ops Medicine	Graduation rate of all Non-NSTI Courses (Op Medicine & Health Care Support)	Number of graduates/ number of students enrolled	90% or higher	95%
Under Instruction	Overall Under Instruction Rate	Number of students under instruction/ number of students onboard	90% or higher	95%

Closeout FY15 Metrics

Metric Title	Reason for closeout
N/A	N/A

R³

Relevant, Responsive, Requested

Manpower and Personnel

FY15 Onboard Billets and FY16 Personnel Authorized by Product Line

Product Line	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
DFA	2	2	5	5	2	2	0	0	9	9
DFR	1	1	6	6	8	9	0	0	15	16
DFB	0	0	0	0	3	3	0	0	3	3
DOT	2	2	3	3	5	5	0	0	10	10
DFIT	0	0	3	3	4	5	12	12	19	20
DFF	0	0	2	2	1	1	1	1	4	4
CS	2	2	1	1	2	2	0	0	5	5
RPOW	1	1	1	1	2	2	0	0	4	4
Detachment	100	100	307	307	81.3	84.3	10	10	498.3	501.3
Total	108	108	328	328	108.3	113.3	23	23	567.3	572.3

R³

Relevant, Responsive, Requested

Navy Medicine Operational Training Center

FY15 Personnel on Board by UIC and FY16 Authorized Personnel

UIC	Command Name	Officers		Enlisted		Civilians		Contractors		Total	
		FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
0751A	NAV MED OPER TRNG CTR	8	8	19	19	27	29	14	14	68	70
32399	NMOTC DET NAV AERO MED INST	28	28	36	36	18.3	19.3	1	1	83.3	84.3
31380	NMOTC DET SURF WAR MED INST	14	14	47	47	13	13	3	3	77	77
39965	NAV MED OPER TRNG CENTER DET NSOMI	1	1	14	14	1	1	1	1	17	17
35977	NMOTC DET NAV USEA MED INST	8	8	16	16	3	4	2	2	29	30
46488	NMOTC DET NAVEXP MED TRNG INST	5	5	41	41	4	4	1	1	51	51
4397A	NAV MED OPER TRNG CENTER DET NTTCC	9	9	2	2	1	1	0	0	12	12
39677	NMOTC DET NAV SURV TRNG INST	9	9	5	5	5	5	1	1	20	20
50255	NAV MED OPER TRNG CENTER DET NSTI ASTC PENSACOLA FL	6	6	47	47	8	8	0	0	61	61
39678	NMOTC DET NSTI ASTC NORFOLK VA	3	3	15	15	3	3	0	0	21	21
39679	NAV MED OPER TRNG CENTER DET NSTI ASTC PAX RIVER MD	2	2	12	12	4	5	0	0	18	19
39680	NAV MED OPER TRNG CENTER DET NSTI ASTC CH POINT NC	2	2	13	13	3	3	0	0	18	18
39681	NAV MED OPER TRNG CENTER DET NSTI ASTC JACKSONVILLE	3	3	14	14	3	3	0	0	20	20
39682	NAV MED OPER TRNG CENTER DET NSTI ASTC LEMOORE CA	2	2	12	12	4	4	0	0	18	18
39683	NAV MED OPER TRNG CENTER DET NSTI ASTC MIRAMAR CA	4	4	17	17	6	6	0	0	27	27
39684	NAV MED OPER TRNG CENTER DET NSTI ASTC WHIDBEY ISL	2	2	11	11	5	5	0	0	18	18
32033	NMOTC DET FT RUCKER	1	1	1	1	0	0	0	0	2	2
50490	NMOTC DET SURFWARMEDINST EAST	0	0	2	2	0	0	0	0	2	2
32032	NMOTC DET DAYTON WPATT AFB	1	1	0	0	0	0	0	0	1	1
42307	NMOTC DET NSTI FAILSAF CENTRAL	0	0	0	0	0	0	0	0	0	0
45588	NMOTC DET NSTI FAILSAFE EAST	0	0	2	2	0	0	0	0	2	2
45894	NMOTC DET NSTI FAILSAFE WEST	0	0	2	2	0	0	0	0	2	2
Total		108	108	328	328	108.3	113.3	23	23	567.3	572.3

R³

Relevant, Responsive, Requested

Instructor Staff Summary

Personnel Type	Highest Level of Education								Master Trainer Specialists	
	Associate Degree		Bachelor's Degree		Master's Degree		Doctoral Degree		FY15	FY16
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16		
Officers	2	1	6	5	21	18	10	32	3	3
Enlisted	19	36	17	37	5	6	0	0	184	184
Civilians	3	3	1	2	0	0	0	2	0	0
Contractors	1	2	0	0	0	0	0	0	0	0
Total	25	42	24	44	26	24	10	34	187	187

R³

Relevant, Responsive, Requested

Resources

Product/Service Line	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
Equip Management			75,000	
Travel	1,321,603	2,105,000	1,088,812	1,754,127
Transportation - Other	12,941	482,000	3,285	304,000
Utilities/Rent	2,594,303	2,306,000	2,387,312	2,458,931
Communications	128,576	301,000	81,646	132,433
Equip Maintenance (Commercial)	19,431	3,011,000		3,054,269
Contract	8,832,618	8,654,000	8,126,824	8,912,920
Supplies	1,382,164	1,371,000	679,660	1,459,059
Civilian Personnel	8,653,916	9,272,000	9,042,483	9,558,320
Vehicle	9,998	820,000	6,262	828,000
Equipment	1,669,963	1,200,800	1,076,763	1,236,000
Facilities	2,983,231	2,585,200	See Contract	2,663,000
Printing/Reproduction	6,212	**	1,000	7,000
Total	27,614,956	32,108,000	22,569,047	32,368,059

Allocation	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
Bag 1	1,862,436	39,000	647,217	**
Bag 2	N/A	N/A	N/A	N/A
Bag 3	2,196,204	2,944,000	2,253,655	3,002,880
Bag 4	3,505,863	4,139,000	3,471,512	4,221,780
Bag 5	N/A	N/A	N/A	N/A
Bag 6	9,965,435	14,137,000	8,729,319	14,219,740
Bag 7	10,085,018	10,849,000	7,468,040	10,923,659
Total	27,614,956	32,108,000	22,569,743	32,368,059

R³

Relevant, Responsive, Requested

Products and Services

Training is the primary product for NMOTC. The following services are provided in addition to training:

NMOTC Headquarters

- Administration, Academic Governance and Resource Management for six detachments
- Operational short course quota management
 - Mountain Medicine Course (USMC)
 - Combat Casualty Care Course (USA)
 - Cold Weather Medicine Course (USMC)
 - Joint Operations Medical Managers Course (USA)
 - Military Medical Humanitarian Assistance Course (USA)
 - Field Management of Chemical and Biological Casualties Course (USA)
 - Medical Management of Chemical and Biological Casualties Course (USA)
- Robert E. Mitchell Center (REMC) for Repatriated Prisoners of War (RPOW) Studies serves the former prisoners of WW II, Korea, Vietnam, Desert Storm and Operation Iraqi Freedom, evaluating the mental and physical effects of captivity.

NAMI

- Clinical consultations/ Flight Physicals ~ 10,800 annually
- Aviation Selection Test Battery ~ 9,000 annually at over 250 test sites world wide
- Army Selection Instrument for Flight Training administrations ~ 3,000 annually
- Chief of Naval Air Training (CNATRA) Flight Training Exit Survey administrations ~ 3,000 annually
- Flight Physical Certification/ Waivers ~ 26,000 annually
- Hyperbaric Medicine evaluations and research
- Residency Aerospace Medicine/ Occupational Medicine program
- NAMI provides technical and professional support; aeromedical consultative services, develops and administers medical standards for naval aviation and trains medical personnel for aeromedical operational requirements.
- Manages the Special Board of Flight Surgeons to determine aeromedical clearance in uniquely complicated cases.
- Provides human factors and psychological support to the Naval Aviation Schools Command (NASC) Progress Review Boards.

NSTI

- Hypobaric Chamber Aeromedical evaluation support
- Public Relations for Navy Medicine ~ 2,500 tours annually. Each ASTC provides numerous tours to VIPs, schools, scouts, civic organizations and many others. These tours are always well received and show a unique capability of Navy Medicine.
- Search and Rescue Exercise and Mishap support
- Regional Junior Reserve Officer Training Corps (JROTC), Reserve Officers Training Corps (ROTC), and Career Orientation and Training for Midshipmen (CORTRAMID) survival swimming
- Regional Physical Readiness Assessment support

R³

Relevant, Responsive, Requested

- Prospective Executive Officers (PXO) training: The OIC and Director of Training Technology provide a periodic presentation to aviation PXOs as they go through the Naval Aviation Schools Command's Aviation Commanding Officer Training program.
- Adjunctive training to squadron personnel IAW OPNAVINST 3710.7.

SWMI

- Landing Craft Air Cushion (LCAC) Physical Certifications/Waivers (~160 annually);
- Multiple symposium and Fleet Medical Reference publications;
- Mentoring for medical personnel assigned to operational billets;
- PA Fellowship training support;
- Simulation program review and consultation for NMOTC and Naval Medical Center San Diego (NMCSA);
- Maintaining certifications for all Navy Drug and Alcohol Counselors;
- Provides Enlisted Technical Leaders in support of 8425 and 8702 NECs for BUMED.

NEMTI

- Joint use location for: Navy Environmental Preventive Medicine Unit (NEPMU)/ Preventive Medicine Technician (PMT) field testing, and Forward Deployable Preventive Medicine Unit (FDPMU) Operational Readiness Evaluation.
- Provide venue for training credits (Continuing Education Units (CEU) and Continuing Medical Education (CME)) for nurses and providers at NTTC.
- Provide mobile training teams for TCCC
- Provide local support to Marine Corps Base (MCB) Camp Pendleton units
 - 5th Marines
 - Marine Reserve units (64 Area Talega)
- Local Hospital Corpsman (HM) support to neighboring units
- CPO 365 Phase II Training site

NUMI

- Subject matter expert for prominent issues within the Fleet.
- Consulted on questions/ issues related to sexual assault at sea, females aboard submarines, and use of anti-depressants for diving/ submarine/ radiation health.

REMC

- Performs more than 250 RPOW evaluations each year for members of all services as well as the State Department.
- Functions as the only longitudinal study of RPOWs.
- The Secretary of the Navy (SECNAV) directed the creation of the Mitchell Foundation, a private 501C3 corporation, to help support the center's research efforts.

Products and Services Breakdown

NMOTC is responsible for 63 courses of instruction; 12 produce NECs and 6 produce NOBCs. These are categorized by type and briefly described in the matrix below.

Products / Services	Product / Service Description	Expected Deliverables
Undersea Medicine Training	This training is military-unique and designed for Navy and Marine Corps requirements. It is specific to Undersea Medicine and Navy radiation programs and has no equivalent in the civilian community. Product provided by NUMI and SWMI.	130
Surface Warfare Medicine Training	This training is military-unique and designed for Navy and Marine Corps requirements. It is specific to shipboard and FMF operations and has no equivalent in the civilian community. Product provided by SWMI.	425
Aerospace Medicine Training	This training is military-unique and designed for Navy, Army and Air Force requirements. It is specific to aviation medicine and has no equivalent in the civilian community. Product provided by NAMI.	215
NASTP Survival Training	This training is military-unique and designed for Navy and Marine Corps requirements. It is specific to aviation survival and has no equivalent in the civilian community. Product provided by NSTI at Aviation Survival Training Centers in eight CNO directed CONUS locations. Required training fulfills NATO Training requirements for Aeromedical training.	15,350
Expeditionary Medicine Training	This training is military-unique and designed for Navy and Marine Corps requirements. It is specific to the tactical environment and has no equivalent in the civilian community. Product provided by NEMTI and NAMI.	900
Special Operations Medicine Training	This training is military-unique and designed for Navy, Army and Marine Corps requirements. It is specific to the special operations environment and has no equivalent in the civilian community. Product provided by JSOMTC and supported by NSOMI.	195
Health Care Support Training	This training is not military-unique and can also be obtained in the civilian community. Product provided by SWMI.	70
Total Projected for FY16		17,285

Course Training Catalog

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-300-0001	Submarine Force Independent Duty Corpsman	Rate: HM Paygrade: E-5 through E-7	March 2015	Level 3	Undersea
B-300-0022	Deep Sea Diving Independent Duty Corpsman	Rate: HM Paygrade: E-5 through E-7	March 2015	Level 3	Undersea
B-300-0030	Refresher Training For Undersea Independent Duty Corpsman	HM-8402 or 8494 NEC	March 2015	Level 3	Undersea
B-322-0010	Radiation Health Technician	Rate: HM Paygrade: E-3 through E-6	April 2015	Level 3	Undersea
B-5A-1050	Radiation Health Indoctrination	Medical Corps (MC), Nurse Corps (NC), HM	April 2015	Level 3	Undersea
B-6A-2200	Undersea Medical Officer	Physicians (NOBC 0090) who will provide medical services to underwater activities	April 2015	Level 3	Undersea
B-6H-0020	Radiation Health Officer	Medical Service Corps (MSC) Officer, Radiation Health Specialist or Radiation Health Officer	April 2015	Level 3	Undersea
B-300-0005	Submarine Force Independent Duty Corpsman (Alternative Training Pipeline)	HM- 8425 NEC	March 2015	Level 3	Undersea
B-300-0019	Surface Force Independent Duty Corpsman	Rate: HM Paygrade: E-5 through E-7	March 2015	Level 3	Surface
B-300-0033	Refresher Training For Surface Force Independent Duty Corpsmen	HM- 8425 NEC	March 2015	Level 3	Surface
B-300-1000	Surface Force Medical Indoctrination	HM RATE (E-1 through E-8) assigned to shipboard duty for the first time	March 2015	Level 1	Surface

R³

Relevant, Responsive, Requested

Navy Medicine Operational Training Center

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-6A-1000	Commander Amphibious Task Force Surgeon	MC (21XX), O-4 or above with operational experience and eligible for amphibious forces assignment	August 2015	Level 1	Surface
B-6A-2300	Surface Warfare Officer Medical Department Head Course	MC Officers ordered to the surface community for duty	August 2015	Level 1	Surface
B-6A-2301	Surface Warfare Medical Department Officer Indoctrination Course	MC, MSC, and NC Officers with assignments aboard ship	August 2015	Level 1	Surface
B-6I-2311	Medical Regulating	E-1 through O-6	August 2015	Level 1	Surface
B-6A-2000	Casualty Receiving and Treatment Ship and Medical Augmentation Program Training	E-1 through O-6 prior to deployment	August 2015	Level 1	Surface
B-300-0017	Aerospace Medicine Technician	Rate: HM Paygrade: E-1 through E-5	July 2014	Level 3	Aerospace
B-6A-2100	Aerospace Medicine Flight Surgeon	MC Officers	July 2014	Level 3	Aerospace
B-6A-2102	Naval Flight Surgeon Refresher Training	Flight surgeons returning to operational flight surgeon billets	July 2014	Level 1	Aerospace
B-6H-1300	Aerospace Physiology	MSC Officers with professional and physical qualifications	July 2014	Level 3	Aerospace
B-6H-1400	Aerospace Experimental Psychology	MSC Officers with professional and physical qualifications	July 2014	Level 3	Aerospace
B-6H-1401	Medical Service Corps Naval Aerospace Optometrist	MSC Officers with professional and physical qualifications	July 2014	Level 3	Aerospace
B-6A-2103	Naval Aviation Medical Examiner	MC Officers	July 2014	Level 3	Aerospace
B-305-0011	Aerospace Physiology Technician Phase 1	Rate: HM Paygrade: E-4 through E-7	February 2016	Level 3	Aerospace

Navy Medicine Operational Training Center

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-300-2424	Expeditionary Medical Unit Training (EMUT)	MC, NC, MSC Officers; Enlisted ratings HM, Yeoman (YN), Logistics Specialists(LS), Information Systems Technician (IT), and Master-at-arms(MA) ratings	Undergoing NTSP Review	Level 1	Expeditionary
B-305-1000	Flight Medic Course	HM- 8404 and 8406 NEC	Currently Interservice Training Review Organization (ITRO) Owned	Level 1	Expeditionary
B-6E-1000	Joint Enroute Care Course	Navy Corpsman (HM-8404), Navy Nurse (NOBC 1945 or 1960) and Navy Physicians	Currently ITRO Owned	Level 1	Expeditionary
B-300-4010	NAVMED Tactical Combat Casualty Care Provider Training (TCCC-S)	Rate: HM Paygrade: E-1 through E-9	Committee on Tactical Combat Casualty Care (CoTCCC) Owned	Level 1	Expeditionary
B-300-4000	NAVMED Tactical Combat Casualty Care, Train The Trainer (TCCC-T)	Rate: HM Paygrade: E-5 through E-9	CoTCCC Owned	Level 1	Expeditionary
B-6A-1013	Navy Trauma Training Center Program (NTTC)	Medical Department personnel (MC, NC, PA/MSC, HM) assigned to a deployable team	August 2013	Level 1	Expeditionary
B-300-2410	Expeditionary Medical Facility Training (EMF)	Officer and Enlisted staff assigned to execute the mission of Level III Expeditionary Medical Facility	Undergoing NTSP Review	Level 1	Expeditionary
B-300-0011	Fleet Marine Force Reconnaissance Technician (SOCM)	Rate: HM or DT Paygrade: E-3 through E-5	Army Owned	Level 1	Special Ops

R³

Relevant, Responsive, Requested

Navy Medicine Operational Training Center

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-300-0015	Special Operations Independent Duty Corpsman (ADSOCM)	Rate: HM Paygrade: E-5 through E-7	Army Owned	Level 1	Special Ops
B-300-0042	Special Operations Technician (SOCM)	Rate: HM Paygrade: E-3 through E-5	Army Owned	Level 1	Special Ops
B-300-0111	Refresher Training For Special Operations Forces Medical Skills (SOFMSSP)	HM- 840, 8427, 8491, and 8492 NEC	Army Owned	Level 1	Special Ops
B-300-2403	Fleet Marine Force Reconnaissance Independent Duty Corpsman (ADSOCM)	Rate: HM Paygrade: E-5 through E-7	Army Owned	Level 1	Special Ops
B-302-0001	Drug and Alcohol Abuse Counselor	Paygrade: E-5 through E-7	June 2015	Level 1	Healthcare Support
B-330-1011	Advanced Dental Assistant	Rate: HM Paygrade: E-3 through E-5	April 2016	Level 1	Healthcare Support
B-300-0032	Physician's Assistant Trainee Phase 2	Rate: HM	Clinical Only no Didactic	Level 1	Healthcare Support
B-9E-1231	Aircrew Indoctrination NASTP Training For Class 1 Aircraft	Officer and enlisted aircrew	NAVAIR is Curriculum Control Authority (CCA)	Level 1	NASTP
B-9E-1240	Aircrew Indoctrination NASTP Training For Class 2 Aircraft	Officer and enlisted aircrew	NAVAIR is CCA	Level 1	NASTP
B-9E-1241	Aircrew Indoctrination NASTP Training For Class 3 Aircraft	Officer and enlisted aircrew	NAVAIR is CCA	Level 1	NASTP
B-9E-1219	Aircrew Indoctrination NASTP Training For Class 4 Aircraft	Officer and enlisted aircrew	NAVAIR is CCA	Level 1	NASTP
B-9E-2441	Aircrew Refresher NASTP Training For Class 1 Aircraft	Officer pilots	NAVAIR is CCA	Level 1	NASTP
B-9E-1200	Aircrew Refresher NASTP Training For Class 2 Aircraft	Officer pilots	NAVAIR is CCA	Level 1	NASTP
B-9E-2642	Aircrew Refresher NASTP Training For Class 3 Aircraft	Officer pilots	NAVAIR is CCA	Level 1	NASTP

Navy Medicine Operational Training Center

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-9E-1204	Aircrew Refresher NASTP Training For Class 4 Aircraft	Officer pilots	NAVAIR is CCA	Level 1	NASTP
B-4N-0102	Non-Aircrew NASTP Training For Class 1 Aircraft	Officer and enlisted non-aircrew	NAVAIR is CCA	Level 1	NASTP
B-9B-0010	Non-Aircrew NASTP Training For Class 2 Aircraft	Officer and enlisted non-aircrew	NAVAIR is CCA	Level 1	NASTP
B-4N-0100	Non-Aircrew NASTP Training For Class 3 Aircraft	Officer and enlisted non-aircrew	NAVAIR is CCA	Level 1	NASTP
B-4N-0101	Non-Aircrew NASTP Training For Class 4 Aircraft	Officer and enlisted non-aircrew	NAVAIR is CCA	Level 1	NASTP
B-9E-1234	Non-Aircrew Underwater Emergency Egress	Air crewmen and passengers who would benefit from underwater egress training	NAVAIR is CCA	Level 1	NASTP
B-322-0101	USMC "Non-Aircrew" Personnel Underwater Egress Familiarization/ Orientation	USMC non-aircrew personnel	NAVAIR is CCA	Level 1	NASTP
B-9E-1233	Survival Swimming	Student who is enrolled in one of the Naval Aviation Water Survival Training Program (NAWSTP) courses	NAVAIR is CCA	Level 1	NASTP
B-570-0101	Aviation Water Survival Instructor	Prospective Naval Aviation Water Survival Instructors	NAVAIR is CCA	Level 1	NASTP
B-9E-1239	Helicopter Aircrew Breathing Device Instructor	Officer instructors	NAVAIR is CCA	Level 1	NASTP
B-9E-1232	Supplemental Emergency Breathing Device	Officer instructors	NAVAIR is CCA	Level 1	NASTP
B-9E-1235	CBR Underwater In-Water Egress And Survival	Aircrew personnel equipped with CBR protective masks	NAVAIR is CCA	Level 1	NASTP

R³

Relevant, Responsive, Requested

CIN	Course Long Title	Target Audience	HPRR Date	Highest Level Of Survey Conducted	Course Type
B-322-0102	Advanced Helicopter Underwater Egress Training	USN aircrew passengers, USMC reconnaissance troops, U.S. Army Rangers, USN special war troops and Special Boat Unit personnel	NAVAIR is CCA	Level 1	NASTP
B-6H-1301	Naval Aerospace Physiology Internship	MSC Naval Aerospace Physiologists	Internship	Level 1	NASTP
B-322-0048	High Altitude Parachutist Physiology (HAPP)	Enlisted personnel	NAVAIR is CCA	Level 1	NASTP
B-012-1010	Centrifuge-Based Flight Environment Training (G-Tolerance)	Naval Aviator, Naval Flight Officer, Naval Flight Surgeon, Naval Aerospace Physiologist or Naval Aerospace Experimental Psychologist	NAVAIR is CCA	Level 1	NASTP
B-9E-1244	Dynamic Hypoxia Training	Officer and enlisted aircrew	NAVAIR is CCA	Level 1	NASTP

Enclosure 1: Acronym List

A

(ABPM)	American Board of Preventive Medicine
(ACR)	Annual course reviews
(ADAP)	Advanced Dental Assistant Program
(ADSOCM)	Special Operations Independent Duty Corpsman
(APEX)	Aviation Pilot Examination
(ASTB)	Aviation Selection Test Battery
(AVO)	Air Vehicle Operator

R³

Relevant, Responsive, Requested

B

(BUMED) US Navy Bureau of Medicine and Surgery

C

(CANTRAC) Catalog of Navy Training Courses
(CBR) Chemical, Biological, Radiological
(CCA) Curriculum Control Authority
(CD&I) Capabilities Development and Integration
(CeTARS) Corporate Enterprise Training Activity Resource
(CEU) Continuing Education Units
(CIN) Course Identification Number
(COE) Council of Occupational Education
(COLPRO) Collective Protection
(CONUS) Continental US
(CORTRAMID) Career Orientation and Training for Midshipmen
(CoTCCC) Committee on Tactical Combat Casualty Care
(CME) Continuing Medical Education
(CNATRA) Chief of Naval Air Training

D

(DET) Detachment
(DMLSS) Defense Medical Logistics Standard Support

E

R³

Relevant, Responsive, Requested

- (EMF) Expeditionary Medical Facilities
- (EMUT) Expeditionary Medical Unit Training
- (EPRC) Equipment Prioritization Review Committee

F

- (FCR) Formal Course Review
- (FDPMU) Forward Deployable Preventive Medicine Units
- (FMC) Flight Medic Course

H

- (HAPP) High Altitude Parachute Physiology
- (HM) Hospital Corpsman (enlisted rating)
- (HPRR) Human Performance Requirements Review

I

- (IDC) Independent Duty Corpsman
- (IMIT) Information Management Information Technology
- (IT) Information Systems Technician (enlisted rating)
- (ITRO) Interservice Training Review Organization

J

- (JDTA) Job Duty Task Analysis
- (JROTC) Junior Reserve Officer Training Corps

L

- (LCAC) Landing Craft Air Cushion
- (LS) Logistics Specialist (enlisted rating)

M

- (MA) Master-at-arms (enlisted rating)
- (MAP) Maintenance Action Plan
- (MC) Medical Corps
- (MCB) Marine Corps Base
- (MOU) Memorandum of Understanding
- (MSC) Medical Service Corps

N

- (NAMI) Naval Aerospace Medical Institute
- (NASTP) Naval Aviation Survival Training Program
- (NAVMED) Navy Medicine Command
- (NAWSTP) Naval Aviation Water Survival Training Program
- (NC) Nurse Corps
- (NDACS) Navy Drug and Alcohol Counselor School
- (NEC) Navy Enlisted Classification
- (NEHSS) Naval Expeditionary Health Service Support
- (NEMSCOM) Navy Expeditionary Medical Support Command
- (NEMTI) Naval Expeditionary Medical Training Institute
- (NEPMU) Navy Environmental Preventive Medicine Unit
- (NETC) Naval Education and Training Center

(NIPR)	Non-Secure Internet Protocol Router
(NMSD)	Naval Medical Center San Diego
(NMETC)	Navy Medicine Education and Training Command
(NMOTC)	Navy Medicine Operational Training Center
(NSOMI)	Naval Special Operations Medical Institute
(NSTI)	Naval Survival Training Institute
(NTSP)	Navy Training System Plan
(NOBC)	Navy Officer Billet Classification
(NTTC)	Navy Trauma Training Center
(NUMI)	Naval Undersea Medical Institute

O

(ONR)	Office of Naval Research
(OPNAV)	Office of the Chief of Naval Operations

P

(PAO)	Public Affairs Officer
(PCS)	Permanent Change of Station
(PMB)	Position Management Board
(POC)	Point of Contact
(POM)	Program Objective Memorandum
(PXOs)	Prospective Executive Officers

R

(REFTRA)	Refresher Training
----------	--------------------

(REMC)	Robert E. Mitchell Center
(ROC-POW)	Required Operational Capabilities and Projected Operational Environment
(ROTC)	Reserve Officers Training Corps
(RPOW)	Repatriated Prisoners of War

S

(SEAHUTS)	South East Asia Huts
(SEAL)	Sea Air and Land
(SFIDC)	Surface Force Independent Duty Corpsman
(SFMIC)	Surface Force Medical Indoctrination Course
(SIFT)	Army Selection Instrument Flight Training
(SOCM)	Special Operator Technician
(SOFMSSP)	Refresher Training For Special Operations Forces Medical Skills
(SORN)	Standard Organization & Regulations of the Navy
(SRM)	Sustainment, Restoration, and Modernization
(S&T)	Science and Technology
(SUPer)	Selection of Unmanned Personnel
(SWMCC)	Special Warfare Combat-Craft Crewman
(SWMI)	Surface Warfare Medical Institute

T

(TCCC)	Tactical Combat Casualty Care Course
(TCCC-S)	Tactical Combat Casualty Care Provider Training
(TCCC-T)	Tactical Combat Casualty Care, Train the Trainer

(TELECON) Telephone Conference
(TSB) Technology Strategy Board
(TTA) Technology Transition Agreement

U

(UAS) Unmanned Aerial System
(UIC) Unit Identification Code
(USMC) US Marine Corps
(USSOCOM) US Special Operations Command

W

(Wi-Fi) Wireless Fidelity

Y

(YN) Yeoman (enlisted rating)

Navy Medicine Training Support Center FY16 Business Plan



R³

Relevant, Responsive, Requested

Executive Summary

Commanding Officer: CAPT Denise L. Smith, NC, USN

Executive Officer: CAPT Jamie M. Hammer, NC, USN

Command Master Chief: HMCM Melissa C. Foster, USN

Business Plan Contact: CDR Francis V. McLean, MSC, USN/LCDR Dana F. Robinson, NC, USN

Command Mission

We support the Department of Defense by developing Navy healthcare professionals for global assignment.

Command Vision

We are a Command rich in Navy culture, tradition and heritage that attracts and professionally develops the Navy's best.

Who We Are (Mission, Functions, and Tasks)

Navy Medicine Training Support Center (NMTSC) San Antonio is an Echelon IV command. We provide direct Navy-specific administrative support for the training of Navy medical personnel in various Officer and Enlisted programs. NMTSC manages and supports all Navy medical training personnel, students and instructors, ensuring Navy specific administrative requirements and sailorization is conducted. We also provide military support for Navy personnel in San Antonio aboard the Military Training Network (MTN) South, Defense Medical Readiness Training Institute (DMRTI), Defense Institute for Military Operations (DIMO), the Pharmacy Operations Division of the Defense Health Agency (DHA) formerly known as the Pharmacoeconomics Center (PEC), the Army Medical Department (AMEDD), and medical and dental fellowship/residency programs with the Army and Air Force.

Joint Collaborations (Inter-service agreements, resource sharing agreements, etc)

- ❖ Naval Medical Research Unit San Antonio (NAMRU-SA)-NAMRU-SA receives support from and has access to NMTSC Drug and Alcohol Program Advisor (DAPA), Urinalysis Program Coordinator (UPC), Casualty Assistance Calls Program (CACP), and Sexual Assault Prevention and Response Program (SAPR), Victim Advocate (VA).
- ❖ Naval Health Clinic Corpus Christi (NHCCC) – NHCCC Detachment San Antonio receives support from and has access to NMTSC Command Urinalysis and Physical Fitness Assessments (PFA).
- ❖ Naval Health Clinic Corpus Christi (NHCCC) – MOU is in place whereby NHCCC is designated as the cognizant Navy Military Treatment Facility (MTF) that provides credentialing support to NMTSC Independent Duty Corpsmen (IDC) and IDC program.
- ❖ Naval Medical Center Portsmouth (NMCP) – MOU is in place whereby NMCP provides comprehensive basic support services (e.g., DAPA, Urinalysis, SAPR, etc...) to NMTSC Navy Education and Training Element Portsmouth.

R³

Relevant, Responsive, Requested

- ❖ Naval Medical Center San Diego (NMCSO) – MOU is in place whereby NMCSO provides comprehensive basic support services (e.g., DAPA, Urinalysis, SAPR, etc...) to NMTSC Navy Education and Training Element San Diego.

The Way Forward

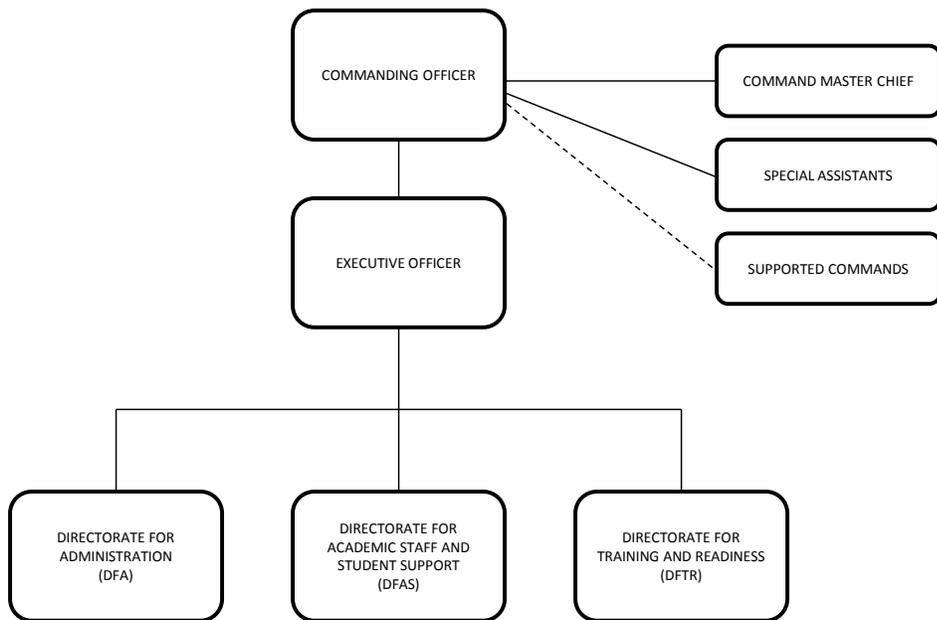
In FY'16, NMTSC will continue to strive toward the highest standards in student quality of life and instructor support. Our mission dictates that we move students expeditiously through training pipelines and provide qualified instructors to the podium. Through our vision, we strive to provide the best environment for our students and professional development for our staff; our intent is to model what other commands can emulate.

Our Strategic Plan will focus on developing our roles with our Tri-Service partners under METC and DHA, and ensure we are provided robust Facilities and Medical support from Joint Base San Antonio (JBSA) and SAMMC for our staff and students. We will lead the way in continued coordination of our partnership with DHA and JBSA entities.

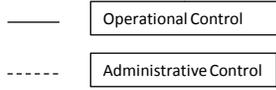
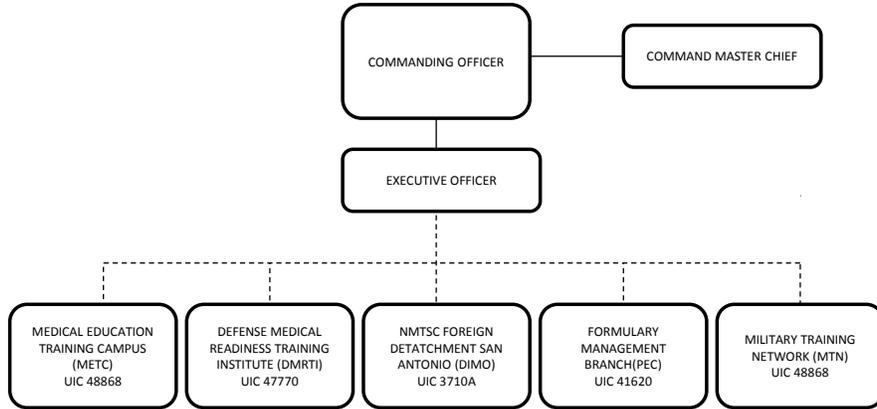
Organizational Structure

(Include two wire diagrams: Echelon IV organizational structure & ISIC chain of command structure (from IV down))

NAVY MEDICINE TRAINING SUPPORT CENTER (NMTSC) JOINT BASE SAN ANTONIO, FORT SAM HOUSTON, TEXAS



NMTSC , SUPPORTED COMMANDS



Facility Projects

Current, Funded Projects

Type of Project	Location	Start Date	Completion Date	Status
Barracks Enhancement/ Life Safety Improvements	Jaenke Barracks	5FEB15	1JUL15	3 weeks ahead of schedule

Projects Funded, But Not Started

Expected Year to Start	Type of Project	Location
2015	Security Camera Upgrade	Building 1475 and 1479

Projects Accepted, But Not Funded

Expected Year to Start	Type of Project	Location

Projected Facility Issues and/or Concerns

1. **Project Title:** Security Camera Upgrade

Description

The security system in the dorms requires an upgrade due to limited capabilities in recording time and lack of security cameras in certain areas. Contractor will remove old cameras from Jaenke and Fralish barracks, while upgrading the system to next generation equipment. Improved equipment will provide for increased safety and security of staff and students.

Impact if not funded

Impact 1 – Inadequate recording time and low resolution. The upgrade will provide increased storage space that will allow for up to 30 days of recording time. It will also provide a high resolution system that

R³

Relevant, Responsive, Requested

will enable increased accuracy in identification of personnel improving safety and security. Impact 2 – Inadequate security capabilities in ‘dead zones.’ Approval will ensure recorded camera coverage in all areas, which will capture incidents that are currently not being captured.

Recommended Course of Action

Continue with project as planned.

2. Project Title: Jaenke Hall Barracks Flooding (Emergent repairs)

Description

On 13 May 2015 Jaenke Hall experienced severe flooding on the 1st deck in compartments E and F due to the failure of a 2 inch plumbing supply line. Joint Base San Antonio 502d Civil Engineering currently is conducting all needed repairs in the affected spaces.

Impact if not funded

Impact 1 – If repairs go unfunded then the facility would lose 92 beds severely limiting the commands ability to complete the mission.

Recommended Course of Action

Continue with project as planned providing funding for needed repair materials.

Market Analysis

Rating	NEC	Student Base	New Accessions Typical?	Customer Base	Primary Duty Types: SHIPBOARD, MTF, FMF
Basic Medical Technician Corpsman Program	0000	E1-E6	Y	ALL BENEFICIARIES	ALL
Advanced Radiographer	8452	E1-E5	Y	ALL BENEFICIARIES	ALL
Behavioral Health Technician	8485	E1-E4	Y	ALL BENEFICIARIES	ALL
Biomedical Equipment Technician	8410	E1-E5	N	MEDICAL DEPARTMENTS	ALL
Cardiovascular Technician	8408	E4-E5	N	ALL BENEFICIARIES	MTF
Dental Assistant	8701	E1-E3	Y	ALL BENEFICIARIES	ALL
Dental Lab Technician Advanced	8753	E4-E6	N	ACTIVE BENEFICIARIES	SHIPBOARD, MTF
Dental Lab Technician Basic	8752	E4-E6	Y	ACTIVE BENEFICIARIES	SHIPBOARD, MTF

R³

Relevant, Responsive, Requested

Electroneurodiagnostic Technologist	8454	E1-E4	N	ALL BENEFICIARIES	MTF
Histopathology Technician	8486	E3-E6	N	PRIMARILY DECEASED ACTIVE DUTY	MTF
Medical Laboratory Technician	8506	E3-E5	Y	ALL BENEFICIARIES	ALL
Nuclear Medicine Technologist	8416	E4-E7	N	ALL BENEFICIARIES	MTF
Occupational Therapy Assistant	8467	E4-E6	N	ALL BENEFICIARIES	MTF
Orthopedic Technician	8489	E3-E5	Y	ALL BENEFICIARIES	ALL
Pharmacy Technician	8482	E1-E6	Y	ALL BENEFICIARIES	ALL
Physical Therapy Technician	8466	E3-E4	N	ALL BENEFICIARIES	MTF
Preventive Medicine Technician	8432	E3-E8	Y	ALL BENEFICIARIES	ALL
Respiratory Therapy Technician	8451	E3-E5	N	ALL BENEFICIARIES	MTF, SHIPBOARD
Surgical Technologist	8483	E1-E4	Y	ALL BENEFICIARIES	ALL
Urology Technician	8486	E1-E4	N	ALL BENEFICIARIES	MTF

High cost, low volume, unfunded, or otherwise at risk programs that provide services also offered by other military or non-military organizations.

1. Program, course, service or training: BASIC MEDICAL TECHNICIAN CORPSMAN PROGRAM (BMTCP)

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** - Full-time instructor led didactic, small group, skills laboratory, and one week of clinicals.
- **Service enhancement** – Program exists as a strategic asset for the respective Navy and Air Force medical services to educate and train apprentice level Corpsman for the garrison and operational environments.
- **Length** - 14 weeks, 12 weeks of consolidated curriculum, 70 training days
- **# of training evolutions** – 50 iterations per year
- **Student volume per class/year** –
 - 80 Navy students/iteration 15
 - 4,000 annually
- **Billet students** – Yes
- **Estimated total cost per year to support** - \$132,358,324

R³

Relevant, Responsive, Requested

- **Result of training** – Program in its entirety does not have a civilian equivalence: however, EMT curriculum is adopted from the National Emergency Medical Technician (NREMT) program. Students have the option to skill test for NREMT and if they pass, are able to sit for the National Registry exam.

Could the program be provided by someone else? Please explain.

Technically, civilian EMT-B programs do exist throughout the United States but no civilian equivalent which produces a technician similar to those produced by BMTCP.

What would be the impact if the program was provided by someone else?

The military trained Hospital Corpsman demonstrates a unique ability to be immediately and successfully assigned to operational units and military treatment facilities. Without Navy specific training, Corpsmen would not be prepared for those environments; this failure in member and unit readiness would cause time and efficiency lost due to retraining on the job.

Recommendations for Program's Future:

To continue support for BMTCP and incorporate a hiatus in the program for administrative and quality of life enhancement.

2. Program, course, service or training: ADVANCED RADIOGRAPHER B-313-0126

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** -
 - The Advanced Radiographer program is a Triservice school that provides training in radiation physics, anatomy and physiology, theory and practice of fixed and mobile radiologic equipment. Simulated and live practice is provided for all routine procedures.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length** -
 - 400 Days
 - 168 Days Phase I
 - 232 Days Phase II
- **# of training evolutions** – 9 per year
- **Student volume per class/year** -
 - 11 per iteration/110 annually
- **Billet students** - No
- **Estimated total cost per year to support** -

R³

Relevant, Responsive, Requested

- Variable Cost \$113,447
- Student Salary \$4,474,800
- Staff Salary \$617,872
- **Result of training** – ARRT Certification, Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, but the program would be significantly longer.

What would be the impact if the program was provided by someone else?

The impact would be a program of roughly two years vice the 51 weeks currently and would increase the overall cost to train these personnel.

Recommendations for Program's Future:

Incorporate Associates Degree into program.

3. Program, course, service or training: BEHAVIORAL HEALTH TECHNICIAN B-302-0046

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** -
 - The Behavioral Health Technician program is Triservice.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
 - 103 Days
- **# of training evolutions** – 12 per year
- **Student volume per class/year** -
 - 6 per iteration/72 annually
- **Billet students** - No
- **Estimated total cost per year to support** -
 - Variable Cost \$3,707
 - Student Salary \$2,734,600
 - Staff Salary \$432,510
- **Result of Training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs.

What would be the impact if the program was provided by someone else?

The military trained Behavioral Health Technician demonstrates a unique ability to be immediately and successfully assigned to operational units.

Recommendations for Program's Future:

None.

4. Program, course, service or training: BIOMEDICAL EQUIPMENT TECHNICIAN B-326-1000

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Biomedical Repair Technician program is a Triservice school that provides students initial skills for prospective Biomedical Equipment Maintenance Technician personnel. The program consists of a combination of teaching methods: lecture (didactic), demonstration, interactive courseware, and performance.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be very extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length -**
 - 405 Days
- **# of training evolutions** – 7 per year
- **Student volume per class/year -**
 - 10 per iteration/70 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$188,911
 - Student Salary \$7,615,296
 - Staff Salary \$1,359,318
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, civilian programs do exist throughout the United States, however, students would not receive the same quality of training in a condensed amount of time; a full Cost Benefit Analysis (CBA) would need to be conducted to validate this assertion.

What would be the impact if the program was provided by someone else?

The military trained BMET demonstrates a unique ability to maintain a wide variety of operational/shipboard and MTF medical devices and civilian training lacks the focus on operational

R³

Relevant, Responsive, Requested

and/or shipboard medical devices.

Recommendations for Program's Future:

Incorporate Associates Degree into Program.

5. Program, course, service or training: CARDIOVASCULAR TECHNICIAN

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Cardiovascular Technologist school is a resident Navy/Army program specifically focuses on the diagnostic and interventional treatment of patients with cardiac and peripheral vascular disease under the care of a physician. The instructional design for the Cardiovascular Technology Program consolidates courses is group-paced. Lecture, demonstration, online materials, simulation, and laboratory practice are utilized during pre-clinical training. Clinical training may occur at military or civilian treatment facilities.
- **Service enhancement** – Program exists as a strategic asset for the respective Army and Navy medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 398 Days
 - 142 Phase I
 - 256 Phase II/Clinicals
- **# of training evolutions** – 2 per year
- **Student volume per class/year -**
 - 16 per iteration/32 annually
- **Billet students** – No
- **Estimated total cost per year to support -**
 - Variable Cost \$228,186
 - Student Salary \$723,200
 - Staff Salary \$185,361
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

A program at this level of excellence could not be provided by someone else without making it significantly longer.

What would be the impact if the program was provided by someone else?

R³

Relevant, Responsive, Requested

There are unique service specific experiences and teaching points that would be lost, the level of success on the national registry exams would suffer and the program would be significantly greater than it is now.

Recommendations for Program's Future:

Build Associates Degree into program.

6. Program, course, service or training: DENTAL ASSISTANT B-300-0033

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Dental Assistant Program is a Navy specific course that provides training in basic dental sciences to include head anatomy and elementary physiology, dental administration and dental procedures. Dental skill demonstrations and practice are provided in laboratory settings. The Clinical practicum allows students to refine their skills in a dental treatment facility.
- **Service enhancement** – Program exists as a strategic asset for the respective Navy dental/medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length -**
 - 43 Days
- **# of training evolutions** – 19 per year
- **Student volume per class/year -**
 - 19-29 per iteration/410 annually
- **Billet students -** No
- **Estimated total cost per year to support -**
 - Variable Cost \$2417
 - Student Salary \$5,539,260
 - Staff Salary \$803,233
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

No. Extensive Navy specific knowledge.

What would be the impact if the program was provided by someone else?

Navy specific items would have to be covered during OJT and would slow the student's integration into Fleet environments.

Recommendations for Program's Future:

R³

Relevant, Responsive, Requested

Increase the number of available instructors in the program.

7. Program, course, service or training: DENTAL LABORATORY TECHNICIAN, ADVANCED B-331-0017

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Advanced Dental Laboratory Technician program is a Navy/Air Force program designed to provide training in advanced dental laboratory sciences. The program consists of lectures, discussions, and computer based instruction as well as an extensive amount of laboratory skills time.
- **Service enhancement** – Program exists as a strategic asset for the respective Navy and Air Force dental services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 173 Days
- **# of training evolutions** – 2 per year
- **Student volume per class/year -**
 - 13 per iteration/26 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$23,894
 - Student Salary \$723,200
 - Staff Salary **Reflected in Basic Dental Lab Program**
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs that provide this training.

What would be the impact if the program was provided by someone else?

None.

Recommendations for Program's Future:

Increase the number of available Navy instructors in program.

8. Program, course, service or training: DENTAL LABORATORY TECHNICIAN, BASIC B-331-0016

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**

R³

Relevant, Responsive, Requested

- The Basic Dental Laboratory Technician program is a Triservice program that provides training in basic dental laboratory sciences. All aspects of training in this course deal with the fabrication of dental appliances. Dental laboratory skill demonstrations and practice are provided in laboratory settings.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force dental services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 175 Days
- **# of training evolutions** – 6 per year
- **Student volume per class/year -**
 - 6 per iteration/36 annually
- **Billet students -** No
- **Estimated total cost per year to support -**
 - Variable Cost \$56,656
 - Student Salary \$1,891,620
 - Staff Salary \$617,892
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

A program at this level of excellence could not be provided by someone else without making it significantly longer.

What would be the impact if the program was provided by someone else?

There are unique service specific experiences and teaching points that would be lost and the program would be significantly greater than it is now.

Recommendations for Program's Future:

Increase the number of Navy Instructors in program. Limit new accessions from entering due to lack of necessary knowledge and high attrition rates.

9. Program, course, service or training: ELECTRONEURODIAGNOSTIC TECHNOLOGIST B-300-0043

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Electroneurodiagnostic program is a Navy/Air Force resident school responsible for providing Corpsmen and Air Force Medics with advanced training in the field of

R³

Relevant, Responsive, Requested

electroneurodiagnostics. Graduates will function as entry-level technologists in military treatment facilities throughout the United States and overseas.

- **Service enhancement** – Program exists as a strategic asset for the respective Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length** –
 - 190 days
- **# of training evolutions** – 1 per year
- **Student volume per class/year** -
 - 6 per iteration/6 annually
- **Billet students** – No
- **Estimated total cost per year to support** -
 - Variable Cost \$24,145
 - Student Salary \$553,248
 - Staff Salary \$185,361
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs nationwide which hold the same accreditation standards.

What would be the impact if the program was provided by someone else?

The impact of outsourcing this program would be lengthening the course of instruction and the likelihood of training outside a Military Treatment Facility region for clinical and administrative support.

Recommendations for Program's Future:

Develop Associates Degree into program.

10. Program, course, service or training: HISTOPATHOLOGY TECHNICIAN B-311-0039

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** -
 - The Histopathology program is a Navy/Air Force program that provides formal training for Histopathology students assigned to a Military Treatment Facility. The program consists of didactic as well as hands on and clinical rotations at an MTF.
- **Service enhancement** – Program exists as a strategic asset for the respective Navy and Air Force medical services as well as the Veterans Health Administration and other

R³

Relevant, Responsive, Requested

federal health agencies.

- 275 Days
- **# of training evolutions** – two per year
- **Student volume per class/year** -
 - 5 per iteration/10 annually
- **Billet students** - No
- **Estimated total cost per year to support** -
 - Variable Cost \$85,223
 - Student Salary \$390,528
 - Staff Salary \$123,574
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, although very few exists in the United States and most a program at this level of excellence could not be provided by someone else without making it significantly longer (12-24 months).

What would be the impact if the program was provided by someone else?

There are unique service specific experiences and teaching points that would be lost, seats would not be guaranteed in the civilian programs and the course would be significantly longer.

Recommendations for Program's Future:

To include a rotation with a medical examiner for enhancement of training.

11. Program, course, service or training: MEDICAL LABORATORY TECHNICIAN B-311-1018

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** -
 - The Medical Laboratory Program Technician Program is Navy/Army.
- **Service enhancement** – Program exists as a strategic asset for the respective Army and Navy medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length** -
 - 390 Days
 - 203 Days Phase I
 - 187 Days Phase II
- **# of training evolutions** – 6 per year
- **Student volume per class/year** -
 - 31 per iteration/248 annually
- **Billet students** - No

R³

Relevant, Responsive, Requested

- **Estimated total cost per year to support -**
 - Variable Cost \$456,674
 - Student Salary \$13,014,371
 - Staff Salary \$1,977,190
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are over 240 MLT programs nationwide. In 1999 Navy Medicine outsourced a portion of the MLT requirements to Thomas Nelson Community College; this agreement ended in 2009 in preparation for the transition to the METC.

What would be the impact if the program was provided by someone else?

If the MLT program was outsourced, the costs would increase and multiple agreements would have to be established to support the Navy's HM 8506 manning requirements.

Recommendations for Program's Future:

Incorporate Associates Degree into program.

12. Program, course, service or training: NUCLEAR MEDICINE TECHNOLOGIST B-311-0015

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Nuclear Medicine Technologist program is a Triservice resident program designed to provide education in the art and skill of diagnostic imaging and therapeutics.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 368 Days
 - 143 Days Phase I
 - 225 Days Phase II/Clinicals
- **# of training evolutions** – 2 per year
- **Student volume per class/year -**
 - 2 per iteration/4 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$2873
 - Student Salary \$490,420

R³

Relevant, Responsive, Requested

- Staff Salary \$123,574
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs nationwide.

What would be the impact if the program was provided by someone else?

If the Nuclear Medicine Technologist program was outsourced, the costs would increase significantly as these programs are 2-4 years in length in comparison to the military program length of 13 months.

Recommendations for Program's Future:

None.

13. Program, course, service or training: OCCUPATIONAL THERAPY ASSISTANT B-303-0152

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Occupational Therapy assistant program is an Army/Navy two-phased, resident field of study established to meet the standards of program approval by the American Occupational Therapy Association. The Phase II segment consists of fieldwork experience with at least one physical disability rotation and one mental health rotation.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 257 Days
- **# of training evolutions** – 2 per year
- **Student volume per class/year -**
 - 1 per iteration/2 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$71,018
 - Student Salary \$351,204
 - Staff Salary \$123,574
- **Result of training** – Associates Degree and Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

R³

Relevant, Responsive, Requested

Yes, there are civilian programs that provide this training, however the program lengths average to two years in length.

What would be the impact if the program was provided by someone else?

If the Occupational Therapy Assistant program was outsourced, the costs would increase. Additionally, the military's OTA program is tailored to meet the unique skill set associated with orthopedics, pediatrics, combat stress and mild traumatic brain injuries.

Recommendations for Program's Future:

None.

14. Program, course, service or training: ORTHOPEDIC TECHNICIAN B-300-0141

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Orthopedic Technician program is a Triservice school. The instructional design for the Orthopedic Program consolidated courses is group-paced. Phase I of the program will develop Soldiers, Sailors and Airmen to become entry-level orthopedic specialists, and allied health professionals under the supervision of Orthopedic Physicians.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Phase II of this program allows Army and Navy students to further refine their skills inside a military or civilian treatment facility. Service specific environments/conditions are minimal within this rating.
- **Length –**
 - 86 Days
- **# of training evolutions** – 6 per year
- **Student volume per class/year -**
 - 4 per iteration/24 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$101,674
 - Student Salary \$587,600
 - Staff Salary \$123,574
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs that provide this training nationwide.

R³

Relevant, Responsive, Requested

What would be the impact if the program was provided by someone else?

The impact would be a significantly longer training period; most civilian programs are 36-48 weeks vice this program's 12 weeks in length.

Recommendations for Program's Future: None

15. Program, course, service or training: PHARMACY TECHNICIAN B-312-0025

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Pharmacy Technician program is Triservice school that provides education in the major disciplines of Pharmacy Operations. The program includes a Phase I resident portion and a Phase II clinical portion conducted at military and civilian medical treatment facilities. Lecture, demonstration, online materials, simulations, and laboratory practice are included throughout the program.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length -**
 - 164 Days
- **# of training evolutions** – 5 per year
- **Student volume per class/year -**
 - 6 per iteration/30 annually
- **Billet students -** No
- **Estimated total cost per year to support -**
 - Variable Cost \$59,447
 - Student Salary \$8,440,422
 - Staff Salary \$988,595
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

No, military students are prepared for independent duty whereas this is not an aspect of any civilian training program.

What would be the impact if the program was provided by someone else?

The impact would be a reduced level of hands-on experience and lack of knowledge of how military pharmacies are operated.

R³

Relevant, Responsive, Requested

Recommendations for Program's Future:

None.

16. Program, course, service or training: PHYSICAL THERAPY TECHNICIAN B-303-0150

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Physical Therapy Technician program is a Triservice school focused on the diagnostic and interventional treatment of patients with musculoskeletal disorders under the care of a physician. The courses are taught under a regional approach. Lecture, demonstration, online materials, simulations, and laboratory practice are utilized. Clinical training may occur at military or civilian treatment facilities. Clinical training includes clinical rotations in physical therapy settings.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
 - 181 Days
- **# of training evolutions** – 3 per year
- **Student volume per class/year -**
 - 8 per iteration/24 annually
- **Billet students -** No
- **Estimated total cost per year to support -**
 - Variable Cost \$100,175
 - Student Salary \$1,982,472
 - Staff Salary \$123,574
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

No, by utilizing the regional approach to learning facilitates immediate application of the content in a simulated clinical setting, development of clinical problem solving skills early in the program, and creates opportunity for early simulated patient interaction in the short training period.

What would be the impact if the program was provided by someone else?

The impact would be a reduced level of knowledge and skill acquisition. Military Physical Therapy Technicians require clinical knowledge, skills, and privileges that exceed civilian practice model.

R³

Relevant, Responsive, Requested

Military PT leads the way for primary care role as physician extenders for advanced clinical practice and direct access to care in remote isolated duty stations.

Recommendations for Program's Future:

Incorporate Associates Degree as part of program.

17. Program, course, service or training: PREVENTIVE MEDICINE TECHNICIAN B-322-0012

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Preventive Medicine Technician course is a Navy/Army program that provides training in food service sanitation, medical threat briefings, water and waste water concepts, industrial hygiene (IH), support operations (SO), entomology, and deployment environmental surveillance programs. The instructional design for this program is a combination of Group Lock Step and Self Paced.
- **Service enhancement** – Program exists as a strategic asset for the respective Army and Navy medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length -**
 - 192 Days
- **# of training evolutions** – 3 per year
- **Student volume per class/year -**
 - 23 per iteration/69 annually
- **Billet students -** No
- **Estimated total cost per year to support -**
 - Variable Cost \$22,415
 - Student Salary \$5,668,080
 - Staff Salary \$494,297
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

No, military students are prepared for independent duty whereas this is not an aspect of any civilian training program.

What would be the impact if the program was provided by someone else?

The impact would be a reduced level of hands on experience and lack of military specific knowledge.

R³

Relevant, Responsive, Requested

Recommendations for Program's Future:

None.

18. Program, course, service or training: RESPIRATORY THERAPY TECHNICIAN B-300-0423

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Respiratory Therapy Technician Program is a Navy/Army school that provides multi-service enlisted personnel the knowledge of aerosol/humidity therapy, ventilation therapy, pulmonary function testing, infection control, cardiopulmonary drug administration, and critical patient care performed under the direction of a physician.
- **Service enhancement** – Program exists as a strategic asset for the respective Army and Navy medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 246 Days
- **# of training evolutions** – 3 per year
- **Student volume per class/year -**
 - 13 per iteration/39 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$207,774.49
 - Student Salary \$1,549,908
 - Staff Salary \$308,936
- **Result of training** – Associates Degree and Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Yes, there are civilian programs but the training would be significantly longer.

What would be the impact if the program was provided by someone else?

The impact would be a program of roughly two years vice the 32 weeks currently and would increase the overall cost to train these personnel. Additionally, there would be a slower influx of trained personnel for undermanned billets.

Recommendations for Program's Future:

None.

R³

Relevant, Responsive, Requested

19. Program, course, service or training: SURGICAL TECHNOLOGIST B-301-0033

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Surgical Technologist Program is a Triservice program designed to train selected enlisted personnel in the fundamental skills and knowledge of basic surgical anatomy and physiology, vital signs, cardiopulmonary resuscitation. At the conclusion of the didactic and clinical portions, the students are eligible to challenge the Certified Surgical Technologist exam.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Navy specific environments and conditions can be extensive in this rating and include field and shipboard: procedures, equipment and practices.
- **Length -**
 - 192 Days
 - 64 Days Phase I
 - 128 Days Phase II/Clinicals
- **# of training evolutions** – 12 per year
- **Student volume per class/year -**
 - 10 per iteration/120 annually
- **Billet students - No**
- **Estimated total cost per year to support -**
 - Variable Cost \$100,166
 - Student Salary \$4,551,640
 - Staff Salary \$1,173,956
- **Result of training** – CST Certification and Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Technically yes, but program would be significantly longer; similar programs are provided by Mackie Brown College, St. Phillips, and Baptist Health Center locally but school requirements lengthen the program to at least 24 months.

What would be the impact if the program was provided by someone else?

The impact would be a program of roughly two years vice the 26 weeks currently and would increase the overall cost to train these personnel.

Recommendations for Program's Future:

R³

Relevant, Responsive, Requested

Incorporate Associates Degree as part of program.

20. Program, course, service or training: UROLOGY TECHNICIAN B-300-0025

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - The Urology Technician program is a Navy/Air Force resident school that provides both simulated and clinical training in various aspects of urological care. Subjects include: embryology, anatomy and physiology of the genitourinary system, genitourinary cancers, radiology and laboratory procedures, and surgical and clinical procedures.
- **Service enhancement** – Program exists as a strategic asset for the respective Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. Service specific environments/conditions are minimal within this rating.
- **Length -**
 - 108 Days
- **# of training evolutions** – 2 per year
- **Student volume per class/year -**
 - 4-5 per iteration/8-10 annually
- **Billet students - No**
- **Estimated total cost per year to support –**
 - Variable Cost \$4,017.92
 - Student Salary \$441,152
 - Staff Salary \$61,787.20
- **Result of training** – Navy Enlisted Classification Code awarded.

Could the program be provided by someone else? Please explain.

Technically there are no equivalent civilian training programs.

What would be the impact if the program was provided by someone else?

No, as there are no equivalent courses.

Recommendations for Program's Future:

Bridge program for Associates Degree.

21. Program, course, service or training: Army-Baylor Graduate Program in Health and Business Administration

R³

Relevant, Responsive, Requested

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**
 - Full-time graduate study program consisting of graduate in-house didactic study and a comprehensive oral examination.
 - Follow-on administrative residency and a graduate management project portfolio in the area of health care administration.
 - Fully accredited by Commission on Accreditation of Healthcare Management Education (CAHME) and the joint degree is awarded with accreditation from the Association for the Advancement of Collegiate Schools of Business (AACSB) as part of the graduate school of Baylor University.
 - The MHA program is now ranked #7 based on the 2015 U. S. News and World Report rankings.
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services as well as the Veterans Health Administration and other federal health agencies. The curriculum, based on Joint Medical Executive Skills competency model, enlarges the field of competent federal healthcare executives by providing high quality, accredited graduate education, research, and service in the fields of management and healthcare administration.
- **Length -**
 - Five graduate semesters
 - One year residency
- **# of training evolutions** – one per year
- **Student volume per class/year -**
 - 5-7 new students per year
 - 1-14 students enrolled between didactic and residency portions at any given time.
- **Billet students - No**
- **Estimated total cost per year to support -**
 - \$400/year/student book reimbursement (MSC only)
 - Student pay, BAS and BAH for average 0-1 student (no dependents)/year
 - \$52,325.28/student/year
 - $\$52,325.28 \times 5-7 \text{ students/year} = \$261,626.40 - \$366,276.96/\text{year}$
 - Instructor pay, BAS and BAH for average 0-5 over 14 years (with dependents)/year
 - \$90,000/instructor (Navy provides one instructor)
- **Result of training** - Masters in Healthcare Administration or a joint Masters in Healthcare Administration/Masters in Business Administration from Baylor University, an accredited top ten ranked program.

Could the program be provided by someone else? Please explain.

Technically, civilian programs do exist throughout the United States.

R³

Relevant, Responsive, Requested

What would be the impact if the program was provided by someone else?

The military trained Officers demonstrate a unique ability to be immediately and successfully assigned to military units. There would be a loss of military enculturation of the students and reduction in payoff to the Military Health System.

Recommendations for Program's Future:

Increase the number of available billets for MSC IPP and Nurse Corps Officers.

22. Program, course, service or training: Army/Navy/Fayetteville State University MSW Program

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type -**

- Full-time graduate study program consisting of graduate in-house didactic study and field instruction.
- Follow-on two year supervised clinical experience and completion of Licensed Clinical Social Worker (LCSW) examination.
- Fully accredited Master of Social Work coursework and field instruction by the Council on Social Work Education (CWSE).

Service enhancement – Program exists as a strategic asset for the respective Army and Navy medical services saving the costs of the additional year of traditional coursework, officer salaries and placement of social work officers in Fleet billets up to 11 months earlier than comparable civilian programs.

- **Length -**

- Phase I - 14 months (vice 24 month civilian program) coursework and provides up to 960 hours of field placement in community mental health field placement sites.
- Phase II – two-year clinical internship Bethesda, MD, San Diego, CA, or at Johns Hopkins Hospital, Baltimore, MD.

- **# of training evolutions** – one per year

- **Student volume per class/year** – 3 maximum authorized by Navy per year (through FY16)

- **Billet students** – No; provided BAH and generally procure off-base housing

- **Estimated total cost per year to support -**

- Student pay, BAS, and BAH average 0-1 student (no dependants)/year
\$52,325.28/student/year; \$52,325.28 x 2 students/year = \$104,650.56/year
- \$1,288 per student for books, materials and supplies x 2 students = \$2,576
- Total students costs = \$107,226.56
- Navy PhD Instructor Billet - \$ 186,055

- **Result of training** –

- Masters in Social Work
- Completion of the LCSW examination results in state licensure authorized to practice as a Clinical Social Workers as Independent

R³

Relevant, Responsive, Requested

Providers.

Other attributes: Produces social work graduates indoctrinated with military-relevant curricula, supports joint medical training initiatives (reduces need for cross-service training), provides cost savings compared to full-length civilian social work programs, and serves as a recruiting instrument as well as promoting personnel stability via accrued service obligation.

Could the program be provided by someone else? Please explain.

Civilian MSW programs exist throughout the United States.

What would be the impact if the program was provided by someone else?

The military trained Officers demonstrate a unique ability to be immediately and successfully assigned to military units. There would be a loss of military enculturation of the students and reduction in payoff to the Military Health System.

Recommendations for Program's Future:

Maintain number of Direct Accession social work students; require all social work Interservice Procurement Program (IPP) accessions to attend the Army/FSU program to improve training outcomes, provide military officer training while in graduate school, and to decrease training time for IPP students from four years (compared to civilian programs) to 24 months (Army/FSU MSW program).

23. Program, course, service or training: INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (IPAP)

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** - Full-time graduate level program consisting of Phase I didactic phase at Joint Base San Antonio, followed by PCS for Phase II Clinical rotations at SWMI in San Diego.

Service enhancement – Program exists as a strategic asset for the respective Army, Navy, Air Force, and Coast Guard medical services. IPAP is the PA program for DoD and DHS, producing approximately 180 PA Officer Clinicians annually.

- **Length** -
 - Phase I – 16 months
 - Phase II – 13 months
- **# of training evolutions** – IPAP convenes three new class cohorts per year, although Navy students only report once per year (in August).
- **Student volume per class/year** –
 - 15-20 new Navy students per year
 - 30 students enrolled between didactic and clinical portions at any given time
- **Billet students** – No

R³

Relevant, Responsive, Requested

- **Estimated total cost per year to support –**
 - \$150,000/student/year
 - \$4.5M/year (30 students per year x \$150,000)

Result of training - Master of Physician Assistant Studies (MPAS) from the IPAP affiliate university (University of Nebraska Medical Center). Graduating from an accredited program (such as IPAP), allows the graduates to sit for the national certification exam (NCCPA PANCE). Once certified, PA's apply for and receive clinical privileges at MTF's and become integral members of the DHA healthcare team.

Could the program be provided by someone else? Please explain.

There are currently 191 accredited PA programs in the United States. That said, the IPAP is established to accept and matriculate a unique mix of active duty service members, who most likely would have very limited opportunity for PA program selection and education at one of the other 190 accredited programs.

What would be the impact if the program was provided by someone else?

The civilian programs would be unable to meet the throughput requirements of the four service branches, and far fewer students would be expected to meet the academic admission requirements as established at the civilian programs. Of note, the IPAP is the world's largest PA program, and is also top-tier with a national ranking of #11 per US News & World Report (2015).

Recommendations for Program's Future:

Continue with sustained Service support from Navy, Army, Air Force, and Coast Guard.

- Recommend full Navy support at Interservice Training Advisory Board (ITAB) level of IPAP Program Director proposal to consolidate prerequisites and admissions process for all Services into one program standard.
- Recommend full Navy support for ongoing Navy faculty member professional development, to include Navy-funded CME opportunities, Subject Matter Expert training (such as dermatology training for new instructor assigned to teach dermatology), and financial support for Navy faculty to participate in PA educator training opportunities via the Physician Assistant Education Association.
- Recommend all Navy PA and Navy physicians being considered for instructor duty at IPAP be vetted through the IPAP Program Director prior to assignment of orders.

24. Program, course, service or training: TRI-SERVICE ORTHODONTIC RESIDENCY PROGRAM (TORP)

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** – Full-time graduate study program/Residency
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy

R³

Relevant, Responsive, Requested

and Air Force dental services to educate and train Orthodontic Residents for the uniformed services.

- **Length** – two years
- **# of training evolutions** – one start/year
- **Student volume per class/year** – 2 Navy student graduates
- **Billet students** – No
- **Estimated total cost per year to support** –
 - Student Pay, BAS, BAH for average 0-3 over 6 yrs (without dependants)/year and including variable special pay but not any bonus pay- \$93,918.44
 - Total student: \$93,918.44 x 2 students = \$187,836.88
 - Instructor pay, variable pay, board certified, additional pay, BAS and BAH for average 0-6 over 20 years (without dependants)/year – \$176,000/instructor (Navy provides one instructor)
 - Total instructor: \$176,000

Result of training –

Orthodontic Specialty Certification, Masters in Oral Biology

Could the program be provided by someone else? Please explain.

Technically, civilian programs do exist throughout the United States.

What would be the impact if the program was provided by someone else?

The military trained Orthodontic residents demonstrate a unique ability to be immediately and successfully assigned to operational units. There would be a loss of Navy enculturation of the interns and loss RVU/Network recapture from the interns' workload.

Recommendations for Program's Future:

Continue to support the TORP.

25. Program, course, service or training: DOCTORATE OF PHYSICAL THERAPY PROGRAM (PT BAYLOR)

Describe your program. Explain why it has been identified and how it compares to similar programs provided by other services and/or non-military entities:

- **Program type** -
 - Full-time graduate study program consisting of Phase I graduate in-house didactic study and comprehensive oral examination.
 - Phase II Clinical Internship
- **Service enhancement** – Program exists as a strategic asset for the respective Army, Navy and Air Force medical services to educate and train entry-level/generalist practitioners Doctorate prepared Physical Therapists for the uniformed services; unique capability to be immediately assigned to operational units.

R³

Relevant, Responsive, Requested

- **Length** – 33 months entry-level training
 - Phase I – 21 months
 - Phase II – 12 months
- **# of training evolutions** – one per year
- **Student volume per class/year** –
 - 2 Navy student graduates FY13 and FY14
 - Beginning FY15, Navy approved 4 students to meet the 40% increase of Navy Physical Therapist billets
- **Billet students** – No
- **Estimated total cost per year to support** –
 - Army provides all student tuition and fees to Baylor University
 - Army pays all program related Navy faculty expenses
 - 52 day TAD to a Navy MTF; costs range from \$6-8K per student annually
 - Instructor pay, BAS, and BAH for average O-5 over 14 yrs (with dependants)/year-\$90,000 (Navy provides one instructor) plus any Incentive Special Pay

Result of training –Doctorate of Physical Therapy from Baylor University via AMEDD Center and School.

Could the program be provided by someone else? Please explain.

Technically, civilian programs do exist throughout the United States.

What would be the impact if the program was provided by someone else?

The military trained Physical Therapist demonstrates a unique ability to be immediately and successfully assigned to operational units. There would be a loss of Navy enculturation of the interns and loss RVU/Network recapture from the interns' workload.

Recommendations for Program's Future:

To continue support for the Physical Therapist program increase of billets by 40 percent.

Additional Programs

1. Defense Institute for Medical Operations (DIMO)

Although International Military Education and Training (IMET) funds are used in several areas of training, DIMO is the only IMET medical operational school for Defense Security Cooperation Agency (DSCA). It leverages DoD medical expertise with other Federal government agencies to provide exportable medical training in support of Department of State and Department of Defense objectives. Such training includes but is not limited to Disaster Preparedness, Health Systems Development, Trauma Systems Management, HIV Prevention and Gender Based Violence courses. Except for DIMO's five resident courses, all training occurs OCONUS. Participants are

R³

Relevant, Responsive, Requested

all foreign/international students: military, government employees, emergency responders, and policy makers. DIMO's mission does not include training U.S. personnel or treating patients.

Mission: Teach medical skills and strategic planning to partner nations, promoting security cooperation and global health engagement.

Courses: DIMO provides 37 mobile medical operational training courses in areas of Force Health Management, Disaster Planning & Consequence Management, Health Systems Management, and Patient Transport and Evacuation. DIMO also provides three resident courses held in downtown San Antonio covering HIV AIDS Planning and Policy, Gender-Based Violence and Women's Health, and Executive Healthcare Resource Management. The purpose of these 37 courses is to expand partner nation's medical capabilities and capacity.

History: The Naval Post Graduate School, Monterey established the Defense Healthcare Management Institute in 1996 to train international students on their California campus. In 1999, the Air Force started the Institute for Global Health, based at Brooks AFB, San Antonio, TX, which focused on exportable medical courses. By an agreement of the Surgeons General of both services, Defense Security Cooperation Agency and approval of the Secretary of Defense, the two organizations merged in October 2002 to form DIMO, with Air Force as the Lead Agent.

DSCA, as a major stakeholder, continues to provide International Military Education and Training infrastructure funding, policy guidance and programmatic oversight to the Director of DIMO for Congressionally mandated U.S. Security Cooperation programs.

The Navy transferred two categories of courses to DIMO. They focused on:

- HIV/AIDS prevention and policy development
- Healthcare Resourcing

Of the 24 billets at DIMO, the Navy provides three military billets, one O-6 (to alternate with the Air Force O-6 between the Director and Deputy Director positions), one O-4, and one senior enlisted - E-7.

Training Missions: For the 13 year period from 2002 to 2015, DIMO has provided courses for over 130 countries and trained over 8000 international students.

Funding: DIMO operates on different sources of funding. The funding falls under three main categories: 1. Missions/courses funding (IMET, HA, ODHCA). 2. Air Force Medical Support Agency (AFMSA)/Surgeon General (SG) funding. 3. DSCA funding. The bulk of DIMO budget is currently aligned with the SG3XI office at the AFMSA. AFMSA's budget for DIMO for FY15 is \$152K. The funding for DIMO's contract staff comes exclusively from DSCA, originating from the Department of State. DIMO receives some infrastructure support from the 59th Medical Wing

(Wilford Hall Ambulatory Surgical Center) and Joint Base San Antonio.

Authorized Manning:

24 Positions

8 USAF (6 officers/2 enlisted)

3 USN (2 officers/1 enlisted)

2 AF GS positions (Asst. Program Manager, and Budget Analyst)

11 contract staff

Recommendations for Program's Future:

DIMO is reaching its maximum capacity and increased growth will require increased resources in personnel and funding.

New FY16 Business Initiatives

Readiness: *We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.*

#1: INTERNAL BUSINESS PROCESSES PERSPECTIVE - Solidify Our Organizational Framework

POM alignment: Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Wendy George (ESC Uplink) HMSC Fernando Gonzalez (Objective Lead)	01 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

#2: INTERNAL BUSINESS PROCESSES PERSPECTIVE - Develop a Robust Indoctrination Program (Student and Staff)

POM alignment Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Wendy George (ESC Uplink) PS1 Kay Lat (Objective Lead)	01 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

R³

Relevant, Responsive, Requested

#3: TAKING CARE OF PEOPLE PERSPECTIVE - Develop Total Sailor Incentive Program**POM alignment** Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) CDR Frances Barendse (ESC Uplink) LCDR Kendra Pennington (Objective Lead)	01 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

Value: *We will provide exceptional value to those we serve by ensuring highest quality care through best health care practices, full and efficient utilization of our services, and lower care costs.*

#1: INTERNAL BUSINESS PROCESSES PERSPECTIVE– Evaluate and Improve Dashboard Quality**POM alignment** Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Wendy George (ESC Uplink) TBD (Objective Lead)	1 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

R³

Relevant, Responsive, Requested

Jointness: *We lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.*

#1: CUSTOMER/ PARTNERSHIPS PERSPECTIVE – Improving Internal/ External Communications with Students, Customers, and Partners

POM alignment Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Corey Jago (ESC Uplink) LCDR Calvin Ralls (Objective Lead)	1 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

#2: CUSTOMER/ PARTNERSHIPS PERSPECTIVE – Develop an Internal/External Marketing Strategy – Tell the World What We Do

POM alignment Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Corey Jago (ESC Uplink) LCDR Kathryn Phillips (Objective Lead)	1 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

R³

Relevant, Responsive, Requested

#3: CUSTOMER/ PARTNERSHIPS PERSPECTIVE – Review, Improve and Establish Support Agreements**POM alignment** Enter related FY16 and/or FY17 POM submissions:

Command/Action Officer	Target Completion Date
LCDR Dana Robinson (SPM) LCDR Corey Jago (ESC Uplink) LT Joshua Lange (Objective Lead)	1 September 2016
Action	
Pending development	
Current Status	
Recently established 29-30 July. Pending Team development, and initiative development.	
Metric	
TBD	

Closeout FY15 Initiatives (provide status for last year's initiatives)

Initiative Title	Completion Date	Status
Customer Partnerships-METC	Pending	Carried over to FY16
Customer Partnerships- External	Pending	Carried over to FY16
Customer Partnerships- Marketing	Pending	Carried over to FY16
Student Pipeline Costs	10 June 2015	
Student Pipelines	27 May 2015	
Student Accountability	27 May 2015	
Internal Communications	10 Sep 2014	
Policy Management/Administration	17 Sep 2014	
SOP's	10 Mar 2015	
Brilliant on the Basics	Pending	Package pending corrections for routing to CO.
Staff Development	Pending	Package pending corrections for routing to CO
Celebration of success	Pending	Package pending corrections for routing to CO

R³

Relevant, Responsive, Requested

Command Level Performance Metrics (used to measure command performance, initiative progress and reporting to higher authority metrics.)

FY16 Metrics

Product Line or Service	Metric Title	Metric Parameters (Numerator/Denominator)	Target (Goal)	FY15 Trend
DAPA	Drug and Alcohol Reports (DAAR) submitted		Less than FY15	34 as of 1 Jun-trend 42 for FY
Suicide Prevention	Suicide Related Incidents		Less than FY15	40 as of 1 Jun-trend 50 for FY
Sexual Assault Prevention and Response (SAPR)	Unrestricted Sexual Assault complaints		Less than FY15	5 as of 1 Jun-trend 6 for FY
Transient Monitoring Division (TMD)	Students in TMD > 20 days	Number of students in TMD greater than 20 days as measured on a weekly basis	Average less than FY15	64 as of 1 Jun
Qualified Instructors	Instructors with Associates' Degree	Monthly report of Instructors with completed Associates' Degree	100%	97% as of 1 Jun
Customer Partnerships Objective	NMTSC Role Within METC clarified	"Communication between NMTSC and External Entities is good" from Defense Equal Opportunity Organizational Survey (DEOCS)	Greater than 50% totally or moderately agree	58.6% from Feb '15 survey
Finance Objective	Pipeline Costs	Training cost/Number of students	To be developed once baseline is determined	N/A
Internal Business Processes	Communications Flow (from DEOCS)	<ol style="list-style-type: none"> 1. Communication flows freely from senior leadership to all levels of the organization 2. Important information moves freely up and down the chain. 3. My supervisor shares information that has been presented during staff meetings. 	<ol style="list-style-type: none"> 1. Greater than 50% Strongly agree+ Agree 2. Greater than 50% Strongly agree+ Agree 3. Greater than 50% Strongly 	From Feb '15 survey: <ol style="list-style-type: none"> 1. 43.5% 2. 47.1% 3. 80%

R³

Relevant, Responsive, Requested

			agree+ Agree	
Internal Business Processes	Policies in Place	Policies up-to-date/Policies Required	100%	35% as of 1 Jun
Taking Care of People/ Brilliant on the Basics	Indoctrination	Number of staff who attended Indoc/Number of staff (tracked in FLTMPs)	100%	96% as of 1 Jun
Taking Care of People/ Brilliant on the Basics	Career Development Boards (CDB)	Number of staff with up to date CDB/Number of staff	100%	87% as of 1 Jun

Closeout FY15 Metrics (will not carry forward to FY16)

Metric Title	Reason for closeout (consistently met target, no longer relevant, did not accurately measure intended target, etc)
Qualified Instructors- Internship completed within 6 months	Not relevant as a NMTSC metric; belongs to METC

Manpower and Personnel

Authorized and Resourced Billets by Product Line

Product Line	Officers		Enlisted		Civilians		Contractors		Total	
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Enlisted Trg Element	39	39	284	**301	0	0	*24	*20	323	340
NMTSC	29	29	146	**149	7	7	*2	*2	182	185
DMRTI	8	8	34	34	0	0			42	42
DIMO	2	2	1	1	0	0			3	3
NETE Det Portsmouth	1	1	10	10	1	1			12	12
NETE Det San Diego	1	1	18	18	1	1			20	20
Total	80	80	493	513	9	9	26	22	582	602

***Contractors are not billeted on AMD, but hired to fill AD gaps in specific programs. A decrease in contractors may occur due to a projected drop in BMTCP student throughput. Note: Enlisted Trg Element contracts have been taken over by METC; information for continuity purposes only. NMTSC contract for 2 staff is for SharePoint.**

****An increase of authorized billets is projected due to submission of various Manpower Change Requests. UIC 48868 is projected to gain three instructor billets. UIC 41620 is projected to gain 11 billets for support staff, and six billets as Navy Military Training Instructors.**

Expect further separation of DHA entities from NMTSC and potential transfer of UIC's 47770 and 48868.

Personnel on Board by UICs

UIC	Command Name	Officers		Enlisted		Civilians		Contractors		Total	
		FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
48868	Enlisted Trg Element	31	31	238	238	0	0	*24	*20	293	289
41620	NMTSC	27	27	134	134	7	7	*2	*2	170	170
47770	DMRTI	5	6	33	34	0	0			38	40
3710A	DIMO	2	2	1	1	0	0			3	3
50128	NETE Det Portsmouth	1	1	10	10	1	1			12	12
50129	NETE Det San Diego	1	1	15	15	1	1			17	17
Total		67	68	431	432	9	9	26	22	533	531

*See note above re: contractors.

Instructor Staff Summary

Personnel Type	Highest Level of Education								Master Trainer Specialists	
	Associate Degree		Bachelors Degree		Masters Degree		Doctoral Degree			
	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16	FY15	FY16
Officers	0		9		8		3		2	
Enlisted	131		41		13		0		66	
Civilians	0		0		0		0			
Contractors	7		5		1		0			
Total	138		55		22		3		68	

R³

Relevant, Responsive, Requested

Resources

Product/Service Line	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
CIVPAY	920,760	690,000	376,756	713,000
BMTCP Instructors	1,260,196	1,274,000	764,500	
BMET Instructors	513,562	524,000	355,900	
O & M Baseline	1,303,850	341,000	300,845	284,000
Utilities	50,000	73,000	60,000	70,000
Linen Contract	38,555	70,000	60,000	70,000
Travel	90,796	120,000	63,081	150,000
Communications	43,209	65,000	39,386	64,000
IM/IT	1,707	10,000	60	10,000
Sharepoint Contracts	326,270	38,000	37,459	370,000
Total	4,548,905	3,205,000	2,057,987	1,731,000

Allocation	FY14 Execution	FY15 Plan	FY15 Execution (as of 01May15)	FY16 Plan (CMD proposed)
Bag 1 – N/A for NMTSC				
Bag 2 – N/A for NMTSC				
Bag 3 – N/A for NMTSC				
Bag 4	402,967	126,000	82,995	462,000
Bag 5 – N/A for NMTSC				
Bag 6	2,288,739	2,026,000	1,238,476	1,269,000
Bag 7	1,857,199	1,053,000	736,516	
Total	4,548,905	3,205,000	2,057,987	1,731,000

Comments

In FY14, NMTSC was under NMPDC. Beginning in FY15, NMTSC is now under NMETC.

FY15 execution rate is held up by contracting actions of several large contracts. Actions pending as of 5/29/15.

FY16 is being planned to streamline distribution of funding (using only BAG 4 [IM/IT] and BAG 6 [Ed & Tra]).

Total annual figure is lower due to realignment of several contracts to a topline transfer or another org.

R³

Relevant, Responsive, Requested

Products and Services

Product or Service Line	Product / Service Description	Expected Deliverables
BASIC MEDICAL TECHNICIAN CORPSMAN PROGRAM (BMTCP)	This product line is composed of Emergency Medicine Technician curriculum and basic Nursing curriculum so that Navy BMTCP graduates can function at the novice/entry level in a field, shipboard or brick and mortar environment	4,000 Students are afforded the opportunity to skill test the National Emergency Medical Technician (NREMT) portion of training. If successful, the individual may challenge the written exam on their own using Navy COOL. Additionally, the students are awarded 21 actual college credits by the Community College of the Air Force and the American Council on Education recommends two credits for the Navy specific portion of the curriculum.
ADVANCED RADIOGRAPHER 8452	To train in advanced radiological procedures.	Navy Enlisted Classification Code awarded
BEHAVIORAL HEALTH TECHNICIAN 8485	To train in the care and treatment of neuropsychiatric patients and psychological tests.	Navy Enlisted Classification Code awarded
BIOMEDICAL EQUIPMENT TECHNICIAN 8410	This course provides initial skills training for DoD Biomedical Equipment Maintenance Technician personnel.	Navy Enlisted Classification Code awarded, CBET Certification
CARDIOVASCULAR TECHNICIAN 8408	To Train in the performance of cardiovascular procedures.	Navy Enlisted Classification Code awarded, CCT Certification
DENTAL ASSISTANT 8701	This course is mandatory for all personnel, regardless for input for assignment to the Hospital Corpsman rating. To teach the basic principles and techniques of emergency medical and dental care, operational medicine, and nursing care procedures.	Navy Enlisted Classification Code awarded
DENTAL LABORATORY TECHNICIAN, ADVANCED 8753	To train in the knowledge and technical skills required to fabricate complex and precision dental prostheses and manage and supervise a dental prosthetic laboratory.	Navy Enlisted Classification Code awarded, NBCCRET Certification

R³

Relevant, Responsive, Requested

DENTAL LABORATORY TECHNICIAN, BASIC 8752	To train in the knowledge and skills required to fabricate dental prosthetic appliances.	Navy Enlisted Classification Code awarded, NBCCRET Certification
ELECTRONEURO- DIAGNOSTIC TECHNOLOGIST 8454	To train personnel to perform neurodiagnostic medicine.	Navy Enlisted Classification Code awarded
HISTOPATHOLOGY TECHNICIAN 8486	To train in advanced histopathology techniques.	Navy Enlisted Classification Code awarded, ASCP Certification
MEDICAL LABORATORY TECHNICIAN 8506	To train in the advanced laboratory procedures, operations of all phases of blood donor processing and blood bank procedures.	Navy Enlisted Classification Code awarded, ASCP Certification
NUCLEAR MEDICINE TECHNOLOGIST 8416	To train in the use an application of nuclear medicine technology.	Navy Enlisted Classification Code awarded
OCCUPATIONAL THERAPY ASSISTANT 8467	To train in the use and application of occupational therapy techniques.	Navy Enlisted Classification Code awarded, NBCOT Certification, Associates' Degree
ORTHOPEDIC TECHNICIAN 8486	To train in the basic and clinical orthopedic procedures and techniques with emphasis on cast, splint traction, patient care procedures and patient education.	Navy Enlisted Classification Code awarded
PHARMACY TECHNICIAN 8482	To train students in the compounding and dispensing of pharmaceutical preparations.	Navy Enlisted Classification Code awarded, PTA Certification
PHYSICAL THERAPY TECHNICIAN 8466	To train in the use and application of physical therapy techniques.	Navy Enlisted Classification Code awarded
PREVENTIVE MEDICINE TECHNICIAN 8432	To train in the knowledge and skills required to assist with Preventive Medicine and Environmental Health Programs.	Navy Enlisted Classification Code awarded
RESPIRATORY THERAPY TECHNICIAN 8451	To train in the care and treatment of respiratory disorders.	Navy Enlisted Classification Code awarded, CRT Certification, Associates' Degree
SURGICAL TECHNOLOGIST 8483	To train in the basic knowledge and skills required to assist health care providers, prepare and maintain operating rooms, outpatient surgical suites, surgical supplies, equipment and central	Navy Enlisted Classification Code awarded

R³

Relevant, Responsive, Requested

	sterilizing areas during surgical procedures.	
UROLOGY TECHNICIAN 8486	To train in the basic knowledge and skills required to assist in examination and maintains qualification to perform and circulate all surgical cases in a surgical suite environment at sea, shore, overseas and with the Fleet Marine Force (FMF).	Navy Enlisted Classification Code awarded
MSC HCA BAYLOR CIN B-300-2001	Provides MSC and NC officers with: knowledge of those theories, concepts and practices in the administration and organization of health care delivery, with particular emphasis on the military hospital.	Masters in Health Care Administration following Phase II internship
MEDICAL SERVICE CORPS SOCIAL WORKER B-6H-0012	Training will involve a partnership AMEDDC&S and Council on Social Work Education (CSWE) Accredited college or university Masters of Social Work Program.	Masters of Social Work following completion of Field Practicum and course work
INTERSERVICE PHYSICIAN ASSISTANT (IPAP)	The IPAP mission is to provide the uniformed services with highly competent, compassionate physician assistants who model integrity, strive for leadership excellence, and are committed to lifelong learning. This program was ITRO-consolidated with Army, Air Force and Coast Guard in 1996, and is a full-time, 29-month, graduate level program. Phase I didactic phase is located at JBSA Fort Sam Houston, and all Navy students report to SWMI for Phase II clinical rotations – followed by commissioning into the MSC upon graduation and successful performance on the NCCPA PANCE certification examination.	Approximately 15 newly educated Navy PAs each year. These PAs serve as the backbone of military medicine, CONUS, OCONUS, and all points around the world.
Tri-Service Orthodontics Residency Program, TORP-Lackland AFB, TX CIN B-6C-1027	This course will present a review of current concepts and fundamentals in diagnosing and treating patients with various pediatric and orthodontic problems.	Orthodontic Specialty Code

Course/Training Catalog

CIN and Course Long Title	Target Audience	Date Last HPRR	Highest level of survey conducted (Kirkpatrick)
B-300-0010 HOSPITAL CORPSMAN BASIC	Paygrade E1-E3	May 2014	
B-313-0126 (Phase I) B-313-0226 (Phase II) HM-8452 Advanced X-Ray Technician	Paygrade E1-E5	Nov 2013	Level 2: Learning
B-302-0046 HM-8485 Behavioral Health Technician	Paygrade E1-E4	MAY 2013	Level 2 (working towards Level 4 from Fleet input)
B-326-1000 HM-8410 Biomedical Equipment Technician	Paygrade E3-E5	Jan 2008	Level 2: Learning
B-300-0118 HM 8408 Cardiovascular Technician	Paygrade E3-E5	APR 2015	Level 4
B-300-3300 HM 8701 Dental Assistant	Paygrade E1-E3 HM BASIC	6-9 November 2012	Level 2
B-331-0017 HM 8753 Dental Laboratory Technician, Advanced	Paygrade E3-E6 NEC-8752/ Dental Laboratory, Basic	6-9 November 2012	Level 2

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

Appendix A

B-331-0016 HM 8752 Dental Laboratory Technician Basic	Paygrade E3-E4/ HM BASIC	6-9 November 2012	Level 2
B-300-0043 HM 8454 Electroneurodiagnostic Technologist Program	HM 0000 E-1 through E-3	23-26 APR 2013	Level 3
B-311 -0039 HM 8503 Histopathology Technician	"A" School Graduates and Fleet Sailors	May 2014	Fleet
B-311-1018 HM 8506 Medical Laboratory Technician	"A" School Graduates and Fleet Sailors	11 – 15 May 2015	Fleet
B-311-0015 Nuclear Medicine Technologist	Paygrade E3-E7	24-28 FEB 2014	
B-303-0152 HM 8467 Occupational Therapy Assistant	Paygrade E4-E6	Pending HPRR: 14- 17 Jul 2015, Norfolk. (No previous HPRR conducted per CDR Kinsey)	Level 1 Survey at PAS and EOP.
B-300-0141 HM 8489 Orthopedic Technician	Paygrade E3-E5	Nov 2014	Level 4
B-312-0025 HM 8482 Pharmacy Technician	Paygrade E3-E5	22 Nov 2013	Level 2

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

Appendix A

B-303-0150 HM 8466 Physical Therapy Technician	Paygrade E1-E4	Pending HPRR: 27-31 Jul 2015, San Diego. (No previous HPRR conducted per CDR Kinsey)	Level 1 Survey at PAS and EOP.
B-322-0012 HM 8432 Preventive Medicine Technician	Paygrade E-3-E-8	18-22 NOV 13	Level 1 surveys are conducted as PAS and EOP surveys for each class. There was talk of level 3 surveys being staffed by NMETC occurring 6 months post graduation but the program has not seen feedback on a Level 3 survey.
B-300-423 HM 8541 Respiratory Therapy Technician	Paygrade E3-E5	APR 2015	Level 4
B301-003 HM 8483 Surgical Technology (8483)	Pipe line "A" School Students. Reservist	April 2013	
B-300-0025 HM 8486 Urology Technician	Pipe line "C" School Students from Surgical Technology	Feb 2013 Next Scheduled (Jul13-17, 2015)	
MSC HCA BAYLOR CIN B-300-2001	Lieutenant (junior grade) through lieutenant, a minimum of seven years active duty	N/A	N/A
MEDICAL SERVICE CORPS SOCIAL WORKER B-6H-0012	Ensigns selected for the MSC-IPP selections and Direct Accessions	N/A	N/A

R³

Relevant, Responsive, Requested

Navy Medicine Education and Training Command

Appendix A

INTERSERVICE PHYSICIAN ASSISTANT (IPAP)	E-5 through E-8, USN and USMC	N/A	N/A
TRI-SERVICE ORTHODONTICS RESIDENCY PROGRAM, TORP-LACKLAND AFB, TX CIN B-6C-1027	O-3 to O-4 Dental Corps Officers	N/A	N/A

R³

Relevant, Responsive, Requested