

**Change 162**  
**Manual of the Medical Department**  
**U.S. Navy**  
**NAVMED P-117**

**30 Aug 2017**

To: Holders of the Manual of the Medical Department

1. This Change. Completely revises Chapter 7, Medical Service Corps.
2. Summary of Changes. This change represents the first major revision of Chapter 7 of the Manual of the Medical Department in 12 years. In addition to re-numbering of the document, many articles have been revised to clarify language or maintain consistency with other governing instructions that have been modified, but the overall intent has remained predominantly unchanged. Many significant changes have been introduced in other articles and these changes are summarized below. While a complete reading of the entire chapter is necessary to discover all the changes, the following list captures the major revisions:
  - a. Section I, article 7-1(3), removed allied before health sciences.
  - b. Section II, article 7-4(2), added additional information about the Medical Service Corps officers.
  - c. Section II, article 7-4(2), added (2)(a) through (e) regarding the position description information of each member of the Corps Chief's Office.
  - d. Section II, article 7-4(3)(a), added clarification to the role of the specialty leader.
  - e. Section II, article 7-5(1)(c) changed NMETC to Navy Medicine Education, Training and Logistics Command (NMETLC).
  - f. Section III, article 7-6(2), added (lower half) after rear admiral.
  - g. Section III, article 7-7(1), added and/or before Naval Reserve. SECNAVINST 1120.8 series was replaced by OPNAVINST 1120.8 series. Title 10 U.S.C. §5574 was repealed. Pursuant to Title 10 U.S.C. §§531, 533, and 12207, and as prescribed by DoD Instruction 6000.13, Service credit may be granted upon original appointment as a commissioned officer.
  - h. Section III, article 7-7(2), added "Appointments in the Medical Service Corps of the U.S. Navy and the Naval Reserve are made as vacancies occur or as otherwise determined by the Chief of Naval Personnel."
  - i. Section III, article 7-7(3), added "For both active and reserve components, candidates must submit their application to the Commander, Navy Recruit Command, via the nearest Navy recruiting district office."

j. Section III, article 7-8(1), changed DoD Directive 1320.8 to Public Law 96-513 of 12 December 1980, Defense Officer Personnel Management Act (DOPMA). Also see DoD Instruction 6000.13.

k. Section IV, article 7-9(1), reworded and added further granularity of general duty assignments.

l. Section IV, added new articles 7-10 and 7-11 and renumbered original article 7-10 to 7-12.

m. Section IV, article 7-10(1), added this article for executive medicine titled "Commanding Officer or Executive Officer of a Medical Treatment Facility, and Director of Medical Treatment Facility Directorates."

n. Section IV, article 7-11(1), added this article for career milestone billets titled "Career Milestone Opportunities (Director for Administration, Officer in Charge)."

o. Section IV, article 7-12, requires MSC officers to comply with MANMED article 1-22 on off-duty employment.

### 3. Action

a. Remove Chapter 7 and replace with the revised Chapter 7.

b. Record Change 162 in the Record of Page Changes.



TERRY J. MOULTON

Chief, Bureau of Medicine and Surgery  
Acting

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# Chapter 7

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## Medical Service Corps

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# Chapter 7

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# Section I

## Establishment

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### 7-1

#### Establishing Legislation

(1) In July 1941, legislation authorized temporary appointment of commissioned officers in the Hospital Corps, and appointment of health scientists in the Naval Reserve. During World War II, hundreds of industrial hygienists, optometrists, entomologists, microbiologists, physiologists, chemists, psychologists, podiatrists, and pharmacists served as hospital-volunteer specialists (H-V[S]). The Hospital Corps Officers School was established in 1942 at the National Naval Medical Center, Bethesda, Maryland, to provide instruction in hospital administration.

(2) The Navy Medical Service Corps was established as a staff corps of the United States Navy on 4 August 1947 by the Army-Navy Medical Service Corps Act of 1947 (34 U.S.C. §30 a-j). This staff corps was created as a component of the Medical Department of the Navy to complement the functions of the Medical and Dental Corps (as revised and reenacted by 10 U.S.C. §6027).

(3) The legislation provides for the Corps to consist of such specialties as the Secretary of the Navy considers necessary. The Corps currently consists of officers in health care administration, health care clinician services, and health care sciences. All Medical Service Corps specialties are enumerated in the Navy Officer Manpower and Personnel Classifications Manual (NAVPERS 15839I).

### 7-2

#### Mission

(1) The Medical Service Corps, a staff corps of commissioned officers, provides the Navy Medical Department support to the operating forces, shore establishments, and other beneficiaries through clinical, science, and administrative professions in support of medicine and dentistry.

(2) The Medical Service Corps works to promote, protect, and restore the health of all entrusted to our care.

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## Section II

# Organization

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## 7-3

### Director, Navy Medical Service Corps

(1) The Director of the Navy Medical Service Corps is appointed by the Secretary of the Navy upon the recommendation of the Surgeon General. The grade of the director will be rear admiral (10 U.S.C. §5150).

(2) The Director of the Navy Medical Service Corps is responsible to the Chief, Bureau of Medicine and Surgery (BUMED) for the administration, direction, and coordination of the Navy Medical Service Corps.

## 7-4

### Office of the Navy Medical Service Corps of BUMED

(1) The Director of the Navy Medical Service Corps is also the Director of the Office of the Medical Service Corps, BUMED. The Director is responsible for the performance of all functions of the office. The office plans, advises, and makes recommendations regarding changes in administrative policy; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Medical Service Corps officers; makes recommendations to Navy Personnel Command (NPC) regarding procurement, distribution, separation, training, career development, and accounting of Medical Service Corps personnel; and implements policies of the Chief, BUMED, as they relate to service, education, and research.

(2) The Medical Service Corps office includes the director; deputy director; career plans officer; policy and practice officer; the reserve affairs officer; and liaison officer.

(a) The Deputy Chief, Navy Medical Service Corps is responsible for the performance of all functions of the office. The office plans, advises, and makes recommendations regarding changes in administrative policy, develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Medical Service Corps officers, makes recommendations to NPC regarding procurement, distribution, separation, training, career development, and accounting of Medical Service Corps personnel, and implements policies for the Chief, BUMED as they relate to service, education, and research.

(b) The career plans officer establishes liaison with the Navy Recruiting Command (NRC); administers selected accessions programs; works with specialty leaders to develop career progression and career counseling; and liaises with Navy Medicine Professional Development Center (NMPDC) and BUMED-M7 for development of educational programs and other programs and projects as directed.

(c) The policy and practice officer administers development of system-wide policies for the Medical Service Corps involving manpower and reserve issues; works to coordinate and monitor appropriate legislative initiatives related to Medical Service Corps issues; and evaluates Navy Medical Service Corps programs to ensure consistency with Navy Medicine policy and compliance with professional standards of practice and provider credentialing.

(d) The reserve affairs officer advises the Corps Chief or Director and Deputy Director, Corps Reserve Affairs on all matters pertaining to Corps officers in the reserve component and monitors active and reserve issues, anticipating impact on Reserve Corps personnel.

(e) The liaison officer is responsible for administrative support to the Director and Deputy Director, Navy Medical Service Corps; manages communication initiatives within the Medical Service Corps; collaborates with Navy Medical Service Corps specialty leaders, Navy detailers, Navy Medicine command leadership and regional commanders to disseminate Medical Service Corps related direction and guidance; serves as the subject matter expert on all Navy Medicine conference approval requests as needed.

(3) Other Medical Service Corps officers may supplement the office with their subject matter expertise, related to their roles and responsibilities in their cognizant BUMED codes, such as:

(a) Chief, BUMED's specialty leaders of active and reserve components (see BUMEDINST 5420.12 series) provide expert advice to Chief, BUMED and Director, Navy Medical Service Corps regarding their specialty and maintain pertinent specialty information to assist with recruiting and accession activities.

(b) Medical Service Corps personnel plans analyst, Medical Service Corps manpower analyst, and others, as applicable.

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## **7-5**

### **Other Medical Service Corps Positions**

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(1) Medical Service Corps officers who serve as liaison to the Director may be assigned to, but not limited to, the following positions:

(a) Medical Service Corps officers assigned to NPC are responsible to the Chief, NPC. They act as liaison officers to the Medical Service Corps Office, BUMED for coordinating personnel actions related to assignment, distribution, retirement, recall, and release from active duty.

(b) Navy Medical Service Corps officers assigned to the NRC are responsible to the Commander, NRC. They act as liaison officers to the Medical Service Corps office, BUMED for coordinating personnel actions related to recruitment.

(c) The Director, Medical Service Corps Programs is assigned to the Navy Medicine Education, Training and Logistics Command (NMETLC) and is responsible to the Commander, NMETLC. The officer coordinates, administers, and evaluates education and training programs for Medical Service Corps officers.

## Section III

# Medical Service Corps Officers

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## 7-6

### Grades and Strength

(1) The Secretary of the Navy prescribes the authorized strength and grade levels of active duty Medical Service Corps officers based upon the overall needs of the Navy (Public Law 96-513).

(2) The Navy Medical Service Corps consists of officers in the grade of ensign through rear admiral (lower half).

## 7-7

### Appointments

(1) Initial appointments in the Medical Service Corps and/or Navy Reserve, are made in the grades of ensign, lieutenant (junior grade), and lieutenant depending upon the professional and personal qualifications of the applicant as outlined in OPNAVINST 1120.8 series. Pursuant to 10 U.S.C. §§531, 533, and 12207, and as prescribed by DoD Instruction 6000.13, service credit may be granted upon original appointment as a commissioned officer.

(2) Appointments in the Medical Service Corps of the U.S. Navy and the Navy Reserve are made as vacancies occur or as otherwise determined by the Chief of Naval Personnel.

(3) For both active and reserve components, candidates must submit their application to the Commander, NRC, via the nearest Navy recruiting district office.

## 7-8

### Promotions

(1) Officers of the Medical Service Corps become eligible for consideration by a selection board for promotion to the next higher grade when they complete the prescribed period of active duty in their current grade under section specified in Public Law 96-513 of 12 December 1980, the Defense Officer Personnel Management Act (DOPMA). Also see DoD Instruction 6000.13.

(2) Medical Service Corps ensigns and lieutenants (junior grade) are promoted accordingly upon the promulgation of the promotion authority by the Secretary of the Navy and upon the commanding officer's recommendation that the officer is mentally, physically, morally, and professionally qualified.

(3) Promotions to lieutenant commander and above are made upon the recommendations of a selection board convened for each grade. Each Medical Service Corps officer is selected for promotion in competition with other Medical Service Corps officers of the same grade on the basis of performance as stated in the fitness of officers report.

## Section IV

# Duties of the Medical Service Corps Officers

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## 7-9

### General Duty Assignments

(1) Medical Service Corps officers may be assigned to the following Navy activities: Medical treatment facilities in the continental United States and outside the continental United States, duty afloat on a large combatant or auxiliary ship of the fleet, duty with the U.S. Marine Corps Fleet Marine Force (FMF), or other duties as assigned. Tour length follows NPC policy and will be in conformity with the overall needs of the naval service.

(2) Medical Service Corps officers render support to the Medical Department by performing primary duties in administration, clinical, and scientific specialties related to health care, safety, health engagement, and human performance optimization of navy personnel. In addition to the primary duties prescribed for the billet to which a Medical Service Corps officer is detailed, additional duties which contribute to the proper functioning of the command, and for which the officer is qualified, may also be assigned.

## 7-10

### Commanding Officer or Executive Officer of a Medical Treatment Facility, and Directors of Medical Treatment Facility Directorates

(1) The commanding officer will be assigned as such by NPC. General duties include serving as commanding officer and accomplishing the economic, effective, and efficient performance of functions and operations of the clinic or hospital per U.S. Navy Regulations, the Manual of the Medical Department (MANMED), and other directives issued by competent authority. The commanding officer is responsible for the safe and effective care and services provided to patients and for the safety and well-being of the entire command. Subject to the orders of higher authority, the commanding officer is vested with complete military jurisdiction for those under his or her purview.

(2) The executive officer will be assigned as such by NPC. General duties include serving as executive officer and assuming command in the absence of the commanding officer. In the performance of these duties, the executive officer must conform to and effectuate the policies and orders of the commanding officer and must keep the

commanding officer informed of all significant matters pertaining to the command. The executive officer will be primarily responsible, subject to the directives of the commanding officer, for the organization, performance of duty, operational readiness, provision of services, training plans, and good order and discipline of the entire command.

(3) Hospital directors, including but not limited to, director of surgical services, director of branch clinics, director of clinical support services, director of mental health, and director of medical services are assigned by and responsible to the commanding officer for the coordination of and delivery of safe and effective health care through the executive officer. As such, the director monitors, reviews, evaluates, and analyzes existing and proposed health care programs, and recommends management alternatives to improve services to beneficiaries. Director for administration (DFA) and director of resource management are director positions which are billeted by NPC based on a member's subspecialty in the Medical Service Corps.

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## **7-11**

### **Career Milestone Opportunities (Director for Administration, Officer in Charge)**

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(1) Chief, BUMED has designated certain Navy Medicine billets as career milestone billets. Career milestone billets will be assigned by NPC and include all officer in charge, and DFA opportunities that require specialized health care leadership expertise, experience, and a documented career progression that prepares an officer for the duties and responsibilities associated with these positions.

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## **7-12**

### **Off-Duty Employment**

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(1) Officers of the Medical Service Corps must comply with MANMED article 1-22 with regard to off-duty remunerative employment.