



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 1500.29D
BUMED-M7
1 Mar 2021

BUMED INSTRUCTION 1500.29D

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE COMMAND TRAINING PROGRAM

Ref: (a) DoD Directive 1322.18 of 3 October 2019
(b) BUMEDINST 5040.2D
(c) OPNAVINST 3120.32D
(d) DoD Instruction 1322.24 of 16 March 2018
(e) OPNAVINST 1740.3D
(f) DHA Procedural Instruction 1025.01 of 16 February 2017
(g) OPNAVINST 3500.39D

Encl: (1) Guidelines for Developing a Command Training Plan

1. Purpose. To provide policy and procedures for planning, prioritizing, and documenting medical readiness and required annual Navy training for all assigned personnel to enhance knowledge, skills, and abilities; and to optimize organizational productivity and performance. Provides authority for commands to develop, implement, and manage total force medical training programs per reference (a). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 1500.29C.
3. Scope and Applicability. Applies to budget submitting office (BSO) 18 Navy Medical Department personnel (active duty, reserve, civilian, and contract staff) for command required training. Contractors must complete training as required under their contract. Contracting officer approval is required for contractors to complete training not required by the contract.
4. Background. This instruction was established to standardize command training and its documentation, and to emphasize parent command oversight per reference (b).
5. Action. Enclosure (1) assists active duty and reserve education and training personnel in development of a command training plan.
6. Definitions
 - a. Training Requirement. Training mandated by higher authority.

- b. Training Officer. Person(s) assigned to manage training and develop training plans.
- c. Training Program. A system of policies and resources to identify, analyze, plan, evaluate, and assure training readiness and completion.
- d. Competency. Knowledge, skills, abilities, experience, and behaviors that are needed to effectively perform a job.
- e. Bureau of Medicine and Surgery (BUMED) Training Matrix. BUMED's collective list of training identified as being required, highly recommended, job, or unit specific. The training matrix is divided into eight categories: administrative, civilian, clinical, operational readiness, professional development, resuscitative medicine, safety, and collateral. The latest Navy Medicine training matrix can be accessed at Naval Medical Forces Support Command's (NAVMEDFORSUPCMD) training and education operations portal milBook page within MilSuite at <https://www.milsuite.mil/book/groups/navy-medicine-seat-staff-education-and-training>. Search "training matrix" to access the desired document.
- f. Command Training Plan. An overview of training courses and resources designed to enhance proficiency in the workplace. The authorized training officer will construct the command training plan. The MilSuite site at <https://www.milsuite.mil/book/groups/navy-medicine-seat-staff-education-and-training> includes guidelines for developing a command training plan. The command training plan may be built and housed in Navy Medicine's Relias Learning Management System, Fleet Training Management and Planning System (FLTMPS), or other designated databases.
- g. Navy Medicine Enterprise-Wide Learning Management System. Relias Learning facilitates standardization and distribution of regulatory, mandatory, and locally developed training and provides a mechanism to track and record training completion. It is the primary source for training execution and is located at <https://login.reliaslearning.com/login>. Note: All operational readiness training must be documented in FLTMPS.

7. Policy

- a. BUMED commands plan, organize, and train to support the Department of the Navy's mission. To enhance Navy Medicine education and training capabilities, references (a) and (c) through (f) provide operational, organizational, and readiness standards.
- b. Commands will develop and publish a local training program policy. Command training plans will address, but not be limited to, command orientation, annual and sustainment training, and competencies.
- c. Command personnel are required to have appropriate onboarding orientation and training related to their current command, department, and unit within 30 days of reporting onboard and, if required by the command, on a recurring basis.

d. Reserve component (RC) members on active duty orders for greater than 29 days must report to the assigned command's training department for orientation and integration. Upon completion of active duty, RC members must out process through the training department to obtain documentation of all training completed and will provide this documentation to their RC unit training department in order to document and track completed training.

e. Command training courses will be identified, programmed, and accessible to all BUMED personnel (active duty, reserve, civilian, and government contractors). Web-based training is available through Navy e-Learning; Relias Learning, Joint Knowledge Online portal; Defense Knowledge Online; Total Workforce Management System and Enterprise Safety Applications Management System. Safety managers will continue to utilize Enterprise Safety Applications Management System to assign, track, and report safety-related courses. Traditional classroom training options are managed through the local training department.

8. Documentation

a. FLTMPS is the primary tool used to document and track Navy enterprise-wide readiness training. Relias Learning is the consolidated, optional tool to document training for all BSO-18 and Navy Medical Department personnel (active duty, reserve, civilian, and government contractors).

b. Certificates of completion are the responsibility of the individual staff member and are required for continuing medical education and continuing education unit purposes, and to document completion of a training course. Commands are not required to maintain certificate copies unless specifically required by higher authority.

9. Roles and Responsibilities

a. Assistant Deputy Chief, Training and Education (BUMED-M7B) must:

(1) Coordinate with NAVMEDFORSUPCMD, other Service medical departments, and Federal agencies on training and education policy issues and practices.

(2) Develop, update, and oversee Active component and RC training and education policy per references (a) and (c) through (f).

(3) Engage with Navy Medical Inspector General to discuss command training trends and to target areas for enterprise improvement.

(4) Publish BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise-Wide Course Assignment Schedule as soon as possible after the Office of the Chief of Naval Operations (OPNAV N1) releases the naval administrative message for the next fiscal year's general military training schedule. The annual notice, typically published each August, is available at <http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>.

(5) Serve as Navy Medicine's central point of contact for changes to content in the active fiscal year's published BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise Wide Course Assignment Schedule.

(6) Provide amplifying training guidance as needed to BUMED commands.

(7) Supervise and monitor enterprise-wide training compliance and brief leadership annually on compliance metrics.

b. Commander, NAVMEDFORSUPCMD and Commander, Navy Reserve, Navy Medicine Education and Training Command (NAVMEDEDTRNGCOM) must:

(1) Manage Relias Learning and provide administrative, technical, and systems guidance as required.

(2) Provide curriculum development, support, training, and guidance as needed. Oversee electronic course content review and lifecycle management. Collaborate with commands to ensure appropriate and effective instructional design.

(3) Announce all changes to BSO-18 command training plan.

(4) Ensure the command's Force Development Program Management Department:

(a) Reviews and updates the Navy Medicine training matrix annually, and ensures subordinate commands are aware of any changes.

(b) Maintains NAVMEDFORSUPCMD's training and education operations milBook page site and content within MilSuite at <https://www.milsuite.mil/book/groups/navy-medicine-seat-staff-education-and-training>.

(5) Enter and maintain all required courses with associated competencies in Relias Learning.

(6) Collect, track, and report BUMED Headquarters and echelon 3 command training compliance quarterly to BUMED-M7B using Relias Learning's reporting matrix. For RC members, Navy Reserve NAVMEDEDTRNGCOM manages this functional responsibility and reports compliance to BUMED-M7 via Reserve Policy and Integration (BUMED-M10).

c. BUMED Director for Administration and Navy Medicine Echelon 3 Commanders must:

(1) Assess and assure resource availability to meet BSO-18 training and education goals.

(2) Appoint in writing a training officer or director and establish responsibilities per command policy.

(3) Provide training requirement guidelines and establish procedures by which duplicative training is adjudicated.

(4) Monitor and track, on a quarterly basis, training compliance and assignment schedules from FLTMPs and Relias Learning.

(5) Provide feedback to NAVMEDFORSUPCMTD's Force Development Program Management Department to help develop and update Navy Medicine training and education policy per references (a), and (c) through (f).

(6) Supervise and monitor command-wide training compliance.

d. Navy Medicine Commanders, Commanding Officers, and Officers in Charge must:

(1) Implement a formal training program based on BSO-18 command mission and environment for all personnel including branch clinics (i.e., all active duty, reserve, civilian, and government contractors).

(2) Exercise accountability and develop local policies. Appoint in writing a training officer or department head and establish responsibilities per local policy.

(3) Ensure evaluations are performed on training records and competencies as part of an individual training record management program.

(4) Monitor and track training compliance to ensure readiness.

(5) Ensure force development or training departments:

(a) Are properly trained to use FLTMPs, Relias Learning, electronic training systems, and the Navy Medicine training matrix.

(b) Assess training compliance initially, then quarterly or more frequently as required, for all assigned personnel to include branch clinics.

(c) Create command specific orientation and ongoing training plans utilizing enclosure (1) and the BUMED training matrix to guide these efforts.

(d) Ensure operational risk management is an integral part of orientation, indoctrination and training for all military and civilian personnel per reference (g).

(e) Provide support and coordination to local training events as needed.

(f) Consult with regional training officers and, as needed, NAVMEDFORSUPCMTD Force Development Program Management Department.


10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

11. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M7 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Information Management Control. The reports required in subparagraphs 7d, 7e, and 9b(6) are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.


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Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

GUIDELINES FOR DEVELOPING A COMMAND TRAINING PLAN

The guidelines listed will aid training department representatives to design or adopt a command training plan when using the Navy Medicine training matrix. Navy Medicine's training matrix is located at NAVMEDFORSUPCMD's training and education operations portal milBook page at <https://www.milsuite.mil/book/groups/navy-medicine-seat-staff-education-and-training>.

Changes to the command training plan should be made as new training needs are identified and validated. For additional guidance on command training plans, contact the respective echelon 3 command point of contact available at the above milBook link.

1. Identify the training needs for the command:

a. Conduct a training needs assessment at least 3 months prior to the beginning of the fiscal year training cycle.

(1) Collaborate with command leadership, directors, department heads, division officers, clinical nurse educators, senior enlisted leadership, performance improvement, quality and risk management staff, and departmental training coordinators. Thorough collaboration is key to identifying issues that may necessitate a training solution.

(2) Provide instruction regarding local procedures to identify new training requirements or modifications to existing training.

b. Review Navy Medicine's annual BUMEDNOTE 1500, Fiscal Year (20XX) Enterprise-Wide Training Assignments Schedule for all required courses.

c. Consult with local risk management, human resources, and other departments as needed to further identify training requirements for command personnel.

d. Employ other resources, such as the prior year's command training plan, to provide direction and prediction for the next year's command training plan.

2. Create the command training plan of required training activities. The command training plan must consist of, but not be limited to, these components:

a. Command orientation (see reference (e)).

b. Resuscitative medicine and skills development training.

c. Annual training.

d. Operational risk management.

3. Obtain approval from the commanding officer to implement each revised training plan.
4. Schedule and publish the command training plan, assuring notification to all hands.
5. Ensure courses are entered into the designated learning management system to facilitate student self-enrollment and course completion documentation.