



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED INSTRUCTION 1500.36A

From: Chief, Bureau of Medicine and Surgery

Subj: ENTERPRISE TRAINING FRAMEWORK

Ref: (a) OPNAVINST 5400.45A
(b) OPNAVINST 3000.16
(c) OPNAVINST 5450.215G
(d) OPNAVINST 1500.75D
(e) OPNAVINST 3500.39D
(f) BUMEDINST 1543.1B
(g) BUMEDINST 3000.1
(h) BUMEDINST 3500.3B
(i) BUMEDINST 5450.184A
(j) BUMEDINST 5450.183A

1. Purpose. This enterprise training framework provides Bureau of Medicine and Surgery (BUMED) commands a comprehensive training and education framework for individual and unit training, clinical practice opportunities, Force development (Fd), and Force generation (Fg) necessary to meet the operational medical force requirements of the combatant commands. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1500.36.

3. Scope and Applicability. This instruction applies to all forces under BUMED administrative control (ADCON) as specified in reference (a).

4. Background. Per references (a) through (j), BUMED is responsible for articulating and integrating medical training requirements, plans, and policy recommendations to develop and generate ready medical forces at the individual and unit level in alignment with the optimized Fleet response plan, Fleet response training plan, and in coordination with Service component commands and other stakeholders.

5. 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 found on Directives and Records Management Division portal page at

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/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 OPNAV Records Management Program (DNS-16).

6. Review and Effective Date. Per OPNAVINST 5215.17A, Education and Training (BUMED-N7) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, 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.

7. Information Management Control. Reports required in chapters 1, 2, and 3 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



R. FREEDMAN
Acting

Releasability and distribution:

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

TABLE OF CONTENTS

Chapter 1 GUIDING PRINCIPLES

1. Executive Summary	1-1
2. Training Mission	1-1
3. Training Vision	1-1
4. Training Principles	1-1
5. Types of Training	1-2
6. Formal Schools	1-3
7. Operational Risk Management	1-4
8. Modeling and Simulation	1-4

Chapter 2 TRAINING RESPONSIBILITIES

1. General Discussion	2-1
2. Roles and Responsibilities	2-1

Chapter 3 FORCE DEVELOPMENT AND FORCE GENERATION

1. General Discussion	3-1
2. BUMED Training Organizations	3-1
3. Military Civilian Skills Sustainment Partnerships	3-1
4. Readiness Framework	3-2
5. Mission Essential Task List	3-3
6. Navy Warfare Training System	3-3
7. Expeditionary Medicine Optimized Fleet Response Plan	3-4
8. Fleet Response Training Plan	3-4
9. Naval Expeditionary Medicine Warfighter Development Center	3-6
10. BUMED Training, Exercise, and Employment Plan	3-6
11. Lessons Learned	3-6
Exhibit 3-1 Expeditionary Medicine Unit Readiness Progression	3-2
Exhibit 3-2 Navy Warfare Training System	3-4

APPENDICES

A	BASIC PHASE CERTIFICATION AND DESIGNATION OF INDEPENDENT UNIT READY FOR TASKING MESSAGE TEMPLATE	A-1
B	ACRONYMS	B-1

CHAPTER 1
GUIDING PRINCIPLES

1. Executive Summary

a. Develop the Department of the Navy Medical Force. Ensure the right medical manpower and personnel are identified, resourced, and delivered to provide the right capabilities integrated into the Optimized Fleet Response Plan (OFRP) and United States Marine Corps (USMC) Force Design at the right time to maximize effectiveness against future adversary threats, per reference (b).

b. Generate assigned Expeditionary Medicine (EXMED) Forces. Organize, man, train, equip, maintain, sustain, and provide basic certification of EXMED systems via medical type commands (Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC) supported by Naval Medical Forces Development Command (NAVMEDFORDEVCOM) to deliver naval and joint force requirements health services support.

c. This framework synchronizes Budget Submitting Office (BSO)-18 planning, resourcing, implementation, and execution efforts by designating roles and responsibilities to complete EXMED specific training requirements during Fd to achieve EXMED Fg.

2. Training Mission. The BUMED training mission is two-fold. The first is the Fd of individual health professionals by Corps and specialty for distribution to the Navy and USMC. The second is the Fg of EXMED forces, units trained in all required operational capabilities (ROC) to achieve overmatch in the continuum of conflict, that are certified and ready to provide enduring support to the Fleet, USMC, and joint forces in high-end competition, crisis, and combat.

3. Training Vision. Individual medical health professionals and EXMED units will receive the right training at the right time in realistic operational clinical environments through exposure to EXMED platforms under war scenario conditions.

4. Training Principles. In alignment with reference (c), these principles articulate the fundamental tenets of medical force training. They must be considered in decisions regarding training resources, manning, and scheduling to prepare medical forces for success in combat.

a. Train medical forces for employment with a building block approach utilizing an optimal mix of academic, clinical practice opportunities, and simulation modalities in live, virtual or constructive training environments.

b. Focus on the fundamentals, ensuring medical forces have the tools, table of allowance (TOA), training, trainers, time, and personnel to execute ROC.

- c. Train EXMED forces with the authorized medical allowance list (AMAL) and authorized dental allowance list (ADAL) and TOA with which they will deploy. This includes use of tactics, techniques, and procedures (TTP) with Fleet platforms on which they will embark for training validation as much as possible.
- d. Train to the most demanding high-end threat combat conditions and the most relevant task with unwavering high-end warfighting standards.
- e. Resource training commands with equipment and instructors who possess leadership experience and subject matter expertise at the level commensurate with what they will instruct and with equipment currently fielded.
- f. Train and mentor first, then assess for level of competency.
- g. Continuously implement timely changes to individual and EXMED Force training to reflect relevant current operational lessons learned.
- h. Maximize training repetitions and sets to build proficiency and confidence.

5. Types of Training. Training must be aligned with the appropriate training methods, requirements, and audiences.

a. Individual Training. Training that prepares individuals to perform duties in their assigned billet corps, rate, specialty, and organizations (e.g., specific staff positions or functions, operating unique systems, operational clinical requirements). Individual training ensures personnel are proficient in and have the competencies and skills to apply unit-level doctrine, Navy Warfare Publication, Navy TTP, standard operating procedures, and processes necessary to function as a unit member (e.g., general military training, operational risk management (ORM), antiterrorism and force protection, information management training, weapon qualifications). Skills training is about preparing Sailors to perform tasks.

(1) Officers are qualified based on their achievements or completion of education and training. They develop experience using knowledge, skills, and abilities (KSA) relevant to their designator, Navy officer billet code or additional qualification designator.

(2) Enlisted members professionally develop by rating (“A” school), Navy enlisted classification (NEC), obtain advanced skills by attending formalized training (“C” school), and functional KSA training.

b. Unit Training. Unit training builds on the foundation of individual training and develops commanders' capability to integrate and synchronize deployed medical forces in performing required tasks to standards. A unit training event is a clearly defined, discrete, measurable

activity, action, or task that requires an organized team or unit performance and leads to accomplishing a mission or function. Unit training will commence during the basic phase and continue during the sustainment phase to obtain and maintain readiness.

c. Functional Capability Area Training. Training could be individual or team (e.g., core practice, clinical currency, unit proficiency).

d. High-Risk Training. High-risk training is defined in references (d) and (e) as training activities, courses, and evolutions that expose students, instructors, and support staff to a heightened level of risk that may result in death, serious bodily injury, or loss of asset should a mishap occur. BUMED conducts high-risk training (e.g., aviation physiology training and survival swimming) focused on risk mitigation critical to safely and effectively achieving desired training outcomes.

e. Theater Entry Requirements. The geographic combatant commander (CCDR) established training, medical, administrative, equipment, or other requirements necessary to prepare supporting personnel and forces for the tactical and environmental conditions in theater. Theater entry requirements are determined by the CCDR and listed in the DoD Foreign Clearance Manual and Foreign Clearance Guide.

6. Formal Schools. Attendance at formal courses enhances the unit's capabilities and will be tracked and managed in the Expeditionary Medicine Platform Augmentation, Readiness and Training System (EMPARTS) for readiness and assignments to deployable platforms. Formal school requirements for EXMEDs must be delineated and addressed in each Navy training system plan (NTSP). NTSP, Fleet Training Management and Planning System (FLTMPS), and EMPARTS required schools must be mapped and aligned to the Navy tactical task that it supports. FLTMPS and EMPARTS requirements must be updated with the annual mission essential task list (METL) and NTSP reviews.

a. Commanders will provide personnel with the opportunity to attend formal courses of instruction as required.

b. Corporate Enterprise Training Activity Resource System (CeTARS) is the authoritative data source for all formal training management systems. CeTARS feeds information into FLTMPS. FLTMPS is then used to generate formal training completion reports.

(1) EMPARTS and FLTMPS reports must be utilized for unit commanders to conduct accurate monthly Defense Readiness Reporting System-Strategic (DRRS-S) reporting.

(2) FLTMPS provides training activities and a planning tool for projecting and budgeting student throughput across the Future Years Defense Program.

(3) All units must utilize the requirements identified in EMPARTS as personnel pillar training and education readiness contributors for EXMEDS.

c. The goal for each unit is to complete the required formal schools in the maintenance and basic phases of the Fleet response training plan.

7. ORM. Reference (e) states risk is inherent in all tasks, training, missions, and operations, no matter how routine. A frequent contributing cause of task degradation or mission failure is human error, specifically, the inability to consistently manage risk. BUMED training commands will implement a student-centered risk and hazardous situation decision-making training continuum for ORM within existing curricula and instructions.

8. Modeling and Simulation (M&S). As detailed in reference (f), integrating M&S devices and technologies into clinical and medical readiness training is imperative in pursuit of high reliability at the organizational level. The effective use of M&S enables skills acquisition through deliberate practice and decreases risk to actual patients. This is particularly necessary for high-risk, low-frequency clinical presentations. M&S is a crucial enabler of modern training to meet KSA standards, thus preparing a ready medical force.

CHAPTER 2
TRAINING RESPONSIBILITIES

1. General Discussion. Pursuant to section 8077 of Title 10, U.S. Code, the Surgeon General of the Navy has the authority to organize, man, train, equip, and maintain assigned EXMED forces and shore activities to generate required levels of current and future readiness. Individual and unit training and readiness are fundamental responsibilities of each command. Commanders will identify time and opportunities for professional and leadership development of assigned personnel. The BUMED enterprise is a committed and reliable team of military personnel, Federal service civilians, and civilian contractors dedicated to training medical forces to deliver trained, capable, and interoperable forces. Per references (c) and (g) through (j), each level of command has integral roles and responsibilities that are vital to mission success.

2. Roles and Responsibilities

a. Surgeon General of the Navy. The Surgeon General of the Navy also serves as Chief, BUMED and is the principal advisor to the Secretary of the Navy and the Chief of Naval Operations on all health and medical matters of the Navy and Marine Corps, including strategic planning and policy development. The Surgeon General of the Navy has the overall responsibility to man, train, equip, and maintain EXMED units to provide ready forces to the CCDR.

(1) Develop and generate assigned EXMED forces in support of the Chief of Naval Operations in collaboration with Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM), Commander, U.S. Pacific Fleet (COMPACFLT), Commander, U.S. Naval Forces Europe and U.S. Naval Forces Africa and Expeditionary Missions Program Management Office (PMS-408).

(2) Develop total medical force manpower, personnel, training, education policies, processes, and programs for active, reserve, and civilian medical personnel to support operational readiness.

(3) Ensure naval medical personnel receive training, clinical practice opportunities, and the Fd necessary to meet operational medical force requirements.

(4) Ensure medical force operational effectiveness by developing models, management metrics, lessons learned, and continued analysis for maximal unit effectiveness.

(5) Develop and maintain a long-term strategic plan that states naval medical training objectives. Oversee and assess the implementation of learning and training support centers.

(6) Manage medical and dental department officer and enlisted career and personal development education and training programs.

(7) Manage medical and dental department officer and enlisted accession training and officer candidate preparatory programs assigned.

(8) Draft BUMED-unique contract provisions related to delivering training systems and curricula and provide these provisions to training support agents who negotiate and administer BUMED's contracts.

(9) Coordinate with PMS-408, to:

(a) Serve as the program management office for developing, delivering, and sustaining operational medical capabilities required to support Naval Medical Forces.

(b) Perform acquisition functions for the EXMED forces program.

(c) Ensure the development and implementation of lifecycle maintenance policies of EXMED force capabilities.

(d) Ensure a training curriculum is developed and resourced for new EXMED equipment and that field activities have a mechanism for purchasing training sets.

(10) Coordinate with Naval Facilities Engineering and Systems Command to provide TOA planning as outlined in OPNAVINST 4040.39E.

b. Director, Manpower and Personnel (BUMED-N1)

(1) Responsible for medical force manpower and personnel administration, including military manpower, personnel plans, and policy.

(2) Advise Navy Personnel Command and Navy Recruiting Command concerning recruiting, accession training, retention, sustainment, and education of medical personnel in support of operational requirements.

(3) Advise Navy Personnel Command on the manning priority of each EXMED unit.

(4) Ensure manpower requirements across each EXMED unit align to meet EXMED mission requirements.

(5) Manage individual training and education requirements within EMPARTS.

c. Director, Reserve Policy and Integration (BUMED-N1R)

(1) Responsible for Reserve Component (RC) medical force manpower and personnel administration, including military manpower, personnel manning, and readiness.

- (2) Advise BUMED stakeholders regarding Commander, Navy Reserve Forces Command training requirements and processes that may need integration with BSO-18 procedures.
- (3) Ensure RC manning (fit-to-fill) requirements align across each EXMED unit.
- (4) Track RC individual training and education requirements within RC training databases, where applicable.
- (5) Liaise with BUMED N-Codes to ensure RC training equities are rolled-out to appropriate medical type commands (TYCOM) based on the RC EXMED Centers of Excellence.
- (6) Coordinate RC input for annual Training, Exercise, and Employment Plan (TEEP), FRTP, and Naval Expeditionary Medicine Warfighter Development Center (NAVEXPMED-WARDEVCCEN) schedule. RC advocacy and execution of the TEEP, FRTP, and NAVEXPMEDWARDEVCCEN schedule will be via the echelon 3 Reserve Program Directors' Team.
- (7) Coordinate with Director, Resource Management (BUMED-N8) on any RC operations and maintenance funded training requirements.

d. Director, Operations, Plans, and Policy (BUMED-N3N5)

- (1) Manage the BUMED TEEP.
- (2) Identify exercise opportunities enabling execution of EXMED mission essential tasks to sustain EXMED readiness. Publish guidance for the deployment and redeployment of EXMEDs, outlining unit movement planning, embarkation, transportation, and host unit support requirements to include command and control, communications and logistics, by EXMED, in EXMED specific doctrine.
- (3) Coordinate with BUMED-N8 to align EXMED units to support operation plans (OPLAN), contingency plans (CONPLAN) and requests for forces. Ensure EXMED force structure meets operational availability requirements.
- (4) Align medical readiness reporting processes and systems to provide a capabilities-based readiness reporting system based upon mission essential tasks (MET) and a means to manage and report medical readiness.
- (5) Communicate TEEP budgeting requirements to BUMED-N8 for planning.
- (6) Review, validate, approve, and enter FRTPs into the Navy Training Information Management System (NTIMS).

(7) Monitor and track FRTP phases. Enter FRTP start dates in NTIMS.

(8) Analyze and interpret OPLANs and CONPLANs and provide information throughout the chain of command, to include the Defense Health Agency (DHA) Director in coordination with Surgeon General of the Navy and representative BUMED-N3N5, DHA Liaison Officer (BUMED-N00Z3), to determine required deployed medical capability.

(9) Manage the Joint Lessons Learned Information System (JLLIS) for BUMED to rapidly inform operational platforms, enhance readiness, and improve capabilities.

(10) Maintain Joint Training Information Management Systems access, awareness, and execution to capture joint and Service level requests into exercises, operations, and wargames.

(11) Participate in future-focused war game planning conferences to develop and refine future EXMED force training, exercise, and employment opportunities.

e. Director, Logistics, Supply, and Support (BUMED-N4)

(1) Review Navy Medicine formal proposals of training course(s) developed by echelon 3 on public health (e.g., safety and occupational health, industrial hygiene, environmental health), facilities, mission assurance, logistical support and material readiness programs. Coordinate with BUMED-N7 and key stakeholders to include decision on funding before proceeding with course development and implementation.

(2) Coordinate with lead systems command and program office to update program and implement NTSPs and new equipment operator and maintainer training prior to the issue of new equipment. Urgent operational needs statement fielded equipment must include new equipment for initial and sustainment training across the Future Years Defense Program.

f. Director, Communication and Information Systems (BUMED-N6)

(1) Provide guidance on the requirements and tasks related to developing command-and-control capabilities for expeditionary communications systems, equipment, training, and manpower.

(2) Coordinate with Naval Information Warfare Systems Command to ensure NTSPs, new equipment, and sustainment operator and maintainer training are available for fielded equipment.

g. BUMED-N7

(1) Coordinate with BUMED-N1R to verify and align EXMED training with doctrine related to the Title 10 mandated requirements of the RC to ensure efficient use of reservists' active duty time in order to meet the ROC per Reservists' Individual Training Plans as directed by Commander, Navy Reserve Forces Command.

(2) Advocate for training resources during the annual program objective memorandum process to support training requirements identified in the NTSPs and aligned to approved EXMED unit ROC and projected operational environments (POE).

(3) Validate formal training requirements from EXMED NTSPs, obtain training quotas from NAVMEDFORLANT and NAVMEDFORPAC, and enter formal school requirements in FLTMPs in alignment with the annual student input plan process.

(4) Oversee BUMED training and education program effectiveness.

(5) Conduct annual reviews of BUMED training and assessment programs.

(6) Facilitate training standardization to maximize efficiency and effectiveness across EXMED forces.

(7) Conduct periodic training management assessments on NAVMEDFORLANT, NAVMEDFORPAC, and NAVMEDFORDEVCMDC training program administration, evaluation, and assessment processes.

(8) Review doctrine and promulgate changes to EXMED force training as required.

h. BUMED-N8

(1) Oversee the planning and allocating of BSO-18 funds to manage readiness costs and associated risks in developing operationally ready medical forces during the planning, programming, budgeting, and execution process for Active Component (AC) and (RC).

(2) Coordinate with BUMED-N1R to oversee the planning and allocating of BSO-18 funds to manage costs and execution in support of the RC's attainment of required training materials and equipment for readiness.

(3) Provide program management of the Readiness and Cost Reporting Program in support of optimization and decision support processes regarding the capability, training readiness, and cost of BSO-18 EXMED forces.

i. Director, Requirements and Capabilities (BUMED-N9)

(1) Support experimentation concepts and technology development through focused war games, experiments, and exercises.

(2) Assist in the development of AMAL, ADAL and TOA requirements to support unit level training.

j. Director, Health Informatics (BUMED-N10H)

(1) Develop and issue policy and guidance for digital health capabilities supporting operational readiness, clinical operations, and force development.

(2) Identify and coordinate digital health training requirements across Navy Medicine, ensuring integration into enterprise training strategies and plans.

(3) Collaborate with BUMED N-Codes, operational commands, and external stakeholders to align digital health capabilities with training objectives and medical force requirements.

(4) Advise on the incorporation of digital health technologies into formal schools, training programs, and readiness assessments.

(5) Monitor digital health trends and capabilities to inform training requirements and identify gaps impacting Navy Medicine operations.

k. Commander, NAVMEDFORDEVCOM

(1) Serve as the designated training agent for Navy Medicine education and training enterprise and support BUMED's formalized training organizations.

(2) Provide oversight and management of education and training supporting accession programs, operational medicine, and readiness.

(3) Support COMUSFLTFORCOM; COMPACFLT; Commander, Marine Corps Forces Command; and Commander, Marine Corps Forces Pacific training policies, requirements, processes, programs and alignment per BUMED guidance as it pertains to Fleet medical readiness.

(4) Manage approved high-risk training programs supporting operational medicine and aviation survival training.

(5) Serve as BSO-18 Interservice Training Requirements Organization representative to develop inter-service training solutions for BUMED training requirements.

(6) Support medical training and clinical practice opportunities through subordinate commands and detachments utilizing medical modeling and simulation where appropriate to meet the currency and proficiency levels required for operational force medical requirements.

(7) Collect and assess information regarding the operational effectiveness of the medical force through continued analysis of medical doctrine and training requirements.

(8) Develop partnerships and collaborate on advanced and future technology initiatives to enhance BUMED's readiness training.

(9) Manage enlisted medical force accession training, specialty training, and Service-specific training programs and facilities.

(10) Work in coordination with the Healthcare Inter-Service Training Review Organization and the Medical Education and Training Campus for those programs and facilities that require cooperation.

(11) Maintain programmatic and institutional accreditation standards, ethical standards, and conduct required for healthcare and academic research.

(12) Perform registrar duties associated with institutional and programmatic accreditation; student quota management and CeTARS administration; metric development and tracking; schoolhouse and academic management assessment; professional medical education verification; clinical training support; survey support, and partner with the Uniformed Services University College of Allied Health Sciences to determine what courses are eligible for undergraduate college credit.

(13) Implement training policies, requirements, processes, and programs in support of operational medical readiness needs.

(14) Serve as Navy Medicine's voting representative to the Inter-Service Training Advisory Board and the Medical Education and Training Campus.

(15) Develop and maintain course curriculum following Navy Education and Training series manuals and documents student course completion via CeTARS or Enterprise Navy Training Reservation System.

(16) Serve as curriculum control authority for formal Navy medicine courses and training in support of operational requirements.

(17) Publish criteria for master scenario events lists and training scenario event packages for EXMED unit certification based upon mission essential task list and unit ROC.

(18) Serve as BUMED's Program Director for Tactical Combat Casualty Care and act as the designated office of primary responsibility for the development, implementation, and evaluation of BUMED's Tactical Combat Casualty Care Program regarding standardized curriculum delivery, standards, and evaluation.

(19) Serve as BUMED's Program Director for Sexual Assault Medical Forensic Examination Training and act as the office of primary responsibility for the coordination, implementation, and evaluation of Sexual Assault Medical Forensic Examination training across the Fleet.

1. NAVMEDFORLANT and NAVMEDFORPAC. Per references (g) and (h), NAVMEDFORPAC is the responsible medical TYCOM for EXMED force unit level training, and NAVMEDFORLANT is the lead TYCOM for EXMED force logistics. NAVMEDFORLANT and NAVMEDFORPAC provide overall supervision and execution of each assigned EXMED unit's FRTP and readiness milestones. NAVMEDFORLANT and NAVMEDFORPAC commanders will:

- (1) Publish EXMED FRTP instruction that augments guidance in this document.
- (2) Assess and validate an EXMED unit's FRTP phase completion and deployment readiness. Provide deployment certification recommendations to Surgeon General of the Navy or Chief, BUMED.
- (3) Evaluate standards and identify METL-based assessments that are attainable during certification events.
- (4) Coordinate with Navy Medical M&S Training office to identify events, tasks, and skills that are achievable via simulation.
- (5) Establish and implement FRTP phase transition criteria.
- (6) Coordinate with BUMED-N1 to ensure each EXMED unit has adequate manpower (fit to fill) prior to exiting the maintenance phase of the FRTP.
- (7) Monitor the maintenance phases of the FRTP and the projected operating schedules of the EXMED units.
- (8) Ensure EXMED units successfully complete all required unit-level inspections, qualifications, certifications, schools, and assessments within the timeline specified in the approved FRTP.
- (9) Assist EXMED unit commanding officers and platform leads in coordinating and executing the FRTP, including evaluation and assessment events.

(10) Provide adequate resources to conduct required training, administrative evaluations, and assigned unit assessments.

(11) Approve unit scheduling, coordinate schedule requests through the chain of command, and monitor unit MET completion.

(12) Ensure EXMED units complete post deployment and review, and implement lessons learned.

(13) Determine EXMED unit requirements for each validated training course and submit to BUMED-N7 for entry into FLTMPS as part of the annual student input plan.

(14) Approve unit exercise plans and monitor exercise completion. Participate in the annual review of each assigned EXMED unit's METL and FRTP. Ensure each MET is reviewed, and the minimum acceptable performance standards and conditions are correctly identified prior to BUMED approval and loading into NTIMS.

(15) Implement EXMED unit lessons learned program and after-action report deficiency solutions into applicable training events.

(16) Provide adequate resource allocation per approved NTIMS (resource tab) to enable FRTP execution.

(17) Assist in the development of the BUMED TEEP.

(18) Designate a course curriculum model manager for EXMED courses taught at NAVEXPMEDWARDEVCCEN at the request of NAVMEDFORDEVCCMD.

(19) Develop master scenario events lists and training scenario event packages per established criteria for EXMED unit certification.

CHAPTER 3
FORCE DEVELOPMENT AND FORCE GENERATION

1. General Discussion. Navy Integrated Readiness, reference (b), defines Fd as a broad range of activities designed to advance naval combat power by ensuring the right concepts, functions, and capabilities are identified, resourced, delivered, and integrated into the OFRP at the right time to maximize effectiveness against future adversary threats. Fd is generally focused on efforts and activities that are 2 to 7 years in the future. BUMED's Fd focuses on the individual training requirements to develop an officer to obtain their subspecialty code or additional qualification designator professionally, or for enlisted members to obtain their hospital corpsman (HM) rating and NECs, and for all BUMED personnel to gain essential KSA training. Individual Sailors are the core element for EXMED Forces. Current operations require U.S. Naval Forces to rapidly respond to a wide range of operational environments and requirements with EXMED capabilities, operating from the air, sea, or ashore. BUMED provides agile, adaptable, and scalable capabilities that are employable globally across the competition continuum in support of the National Defense Strategy. To ensure units are ready to deploy, BUMED requires a comprehensive training and readiness framework aligned to references (a) through (j) to execute Fg and ensure EXMED units can support current and future requirements of the United States Navy and USMC. BUMED Fg is focused on the training, certification, and readiness efforts of the EXMED forces that are 1 to 2 years in the future and is executed by the respective medical TYCOM.

2. BUMED Training Organizations. BUMED's formalized training organizations directly involved in the Fd of Department of the Navy medical personnel through individual training include Navy Medicine Training Support Command, Naval Medicine Operational Training Center, Surface Warfare Medical Institute, Naval Undersea Medical Institute, Naval Aerospace Medical Institute, Naval Survival Training Institute, Naval Special Operations Medical Institute, Navy Medical Leader and Professional Development Command, and Navy and Marine Corps Force Health Protection Command.

3. Military Civilian Skills Sustainment Partnerships. In areas where DHA or BUMED training enterprise cannot provide adequate case volume or complexity, opportunities are identified to establish partnerships with civilian institutions to satisfy clinical skills sustainment requirements. These partnerships provide the necessary clinical expertise for military medical staff, ensuring their readiness for operational tasking.

a. HM Trauma Training. A trauma training partnership with civilian institutions that allows HM to rotate through the trauma department, surgical intensive care unit, emergency critical care unit, wound management clinic, resuscitation unit, emergency department, and other clinical areas agreed upon by BUMED and the supporting civilian institution for a specified period.

b. Naval Trauma Training Center. A civilian partnership with Los Angeles County, California, and Los Angeles Medical Center to provide trauma training at a level-1 trauma center. Naval Trauma Training Center provides didactic and clinical trauma exposure to enhance individual and team knowledge and skills.

c. Expeditionary Resuscitative Surgical System (ERSS) Civilian Partnerships. The partnership is designed to provide individual and team trauma training and clinical exposure for members of the ERSS. Teams will complete a rotation within the civilian trauma center and then participate in additional operational medicine training and basic phase certification at NAVEXPMEDWARDEVCCEN. Following deployment while remaining in the sustainment phase, the team may return to the civilian trauma center for skills sustainment and team training.

4. Readiness Framework. Training is a key element of readiness. Readiness is the aggregate of the investment in personnel, training, and equipment to ensure that EXMED units are prepared to perform missions at any given time. Unit readiness is the ability to provide capabilities required by the CCDR to execute assigned missions. Commanders at all echelons are responsible for organizational training and, ultimately, the readiness of the forces assigned to their command. Training includes basic, technical, and operational training for individuals and units in response to operational requirements identified by the CCDRs to execute assigned missions. Readiness is obtained by implementing a progressive and systematic approach to Fg.

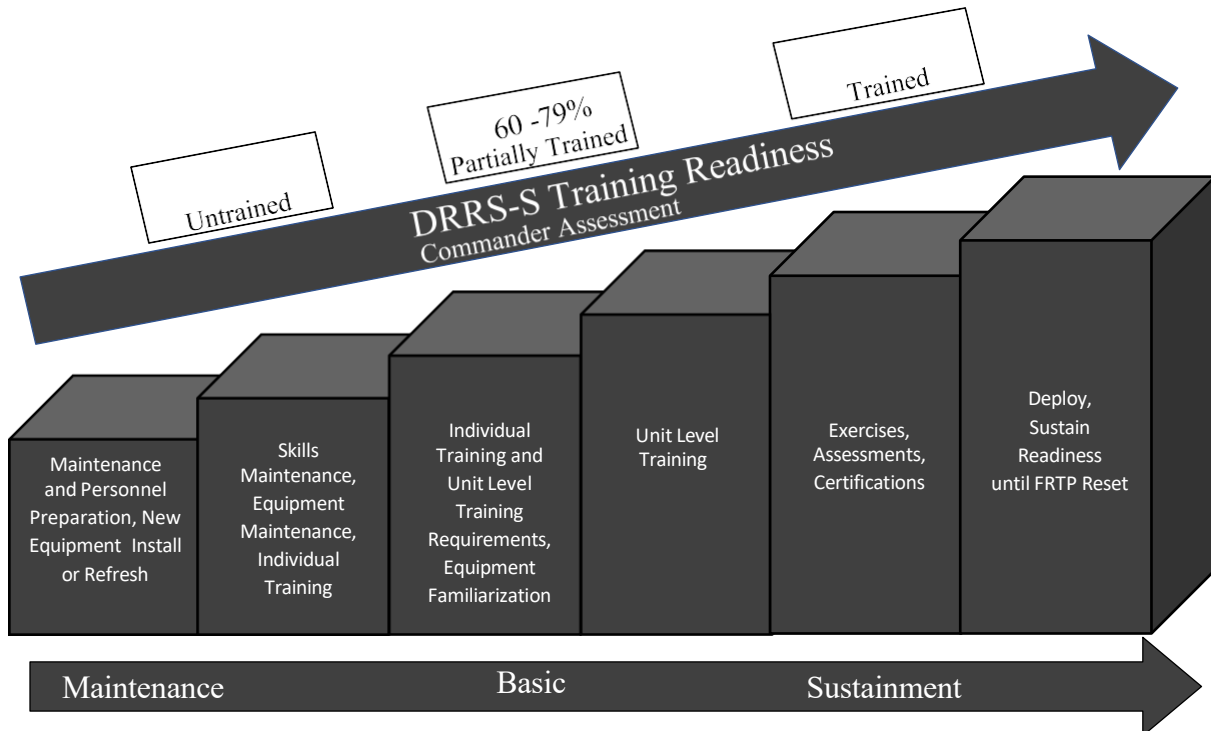


Exhibit 3-1 Expeditionary Medicine Unit Readiness Progression

5. METL. The METL defines the unit's primary mission capability requirements regarding tasks, conditions, and standards. The EXMED unit's METL provides the foundation, through assessment of current capability, for deriving training objectives to be incorporated in the plans phase of the Navy Warfare Training System (NWTS). DRRS-S and NTIMS support the documentation of METLs. The approved METLs are entered into NTIMS and linked to DRRS-S to support the development, management, and execution of other NWTS products. METL development is the foundation of the OFRP, FRTP, and unit readiness. Leaders must have a thorough knowledge and understanding of the NWTS process and the relationship of requirements, training, and unit readiness. NAVMEDFORLANT and NAVMEFORPAC will serve as approving authority for EXMED unit METLs.

6. NWTS. The NWTS is a scalable capabilities-based training process used by commanders to articulate their warfighting requirements, design realistic and achievable training plans, execute and monitor training events, and assess their results to improve readiness. It is the process by which Navy training is conducted effectively and efficiently.

a. Requirements Phase. Mission requirements are identified in the EXMED unit's ROC and POE, which form the basis for the requirements phase of the NWTS.

b. Planning Phase. A Navy warfare training plan represents the path to mission readiness and defines training events in which the unit builds experience and demonstrates proficiency. BUMED, NAVMEDFORLANT, and NAVMEDFORPAC will conduct a detailed analysis of the EXMED unit's ROC and POE and identify capabilities that require training. Training will include conditions and performance standards packaged and prioritized within the requisite training events.

c. Execution Phase. Commanders conduct the Navy warfare training plan during the FRTP, evaluate training, and report results. NAVMEDFORLANT and NAVMEDFORPAC will analyze training objectives for completeness, efficiency, and effectiveness and then adjust the training objectives to account for new capabilities, doctrine, TTP, and gaps in training. Once training objectives are developed and aligned with performance standards, this information will be incorporated into the FRTPs, uploaded in NTIMS, and maintained for currency.

d. Assessment Phase. Leaders gather, analyze, and assess the collective results of training and performance to determine readiness, validate investments, and develop solutions. Reported performance data is assessed to determine training readiness gained through the completion of training events. Assessments must consider whether training performance was at the standard and achieved under operational and threat conditions, replicating the high-end fight. Trainers provide feedback to unit commanders and training stakeholders to facilitate process improvements and systemic analysis.

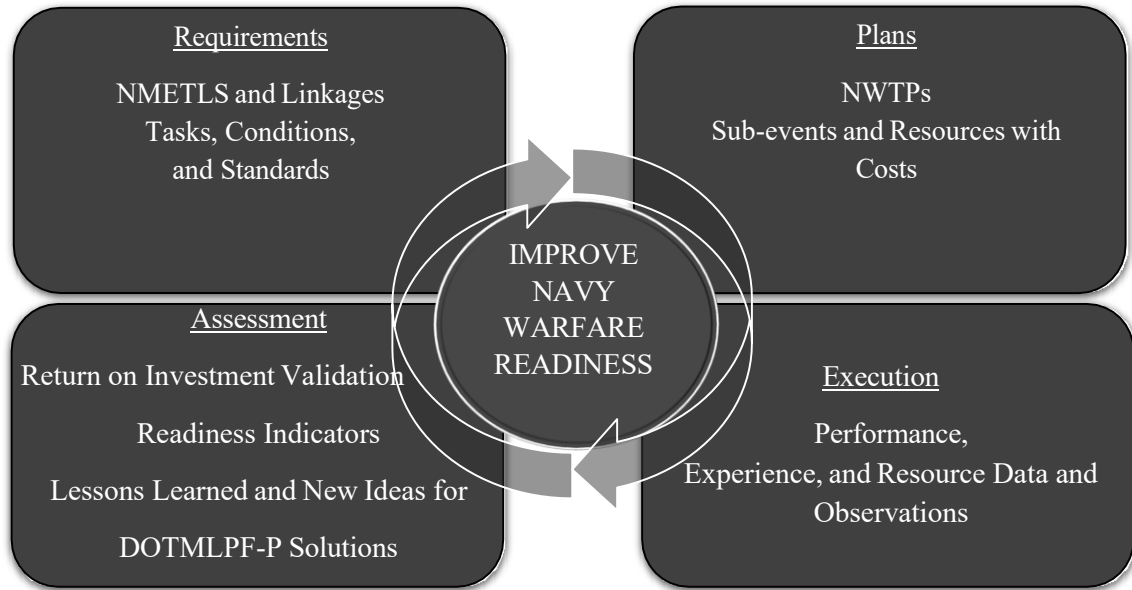


Exhibit 3-2 Navy Warfare Training System

7. EXMED OFRP. BUMED manages force generation utilizing the OFRP. This plan establishes a sustainable maintenance cycle, training, and operations for individuals and units. Per reference (i), BUMED will generate ready forces to meet global presence requirements and develop the capacity for surge response for homeland defense and overseas contingencies. The plan operates as a cycle; forces undergo maintenance, training, and deployment or sustained surge readiness in defined periods.

8. F RTP. The F RTP is a flexible and scalable training process, in support of the EXMED OFRP. F RTPs use a sequenced, phased approach that increases training complexity to develop defined and progressive levels of employable medical capability. The F RTP employs an optimal mix of academics and live, virtual, and constructive training that reflects the desired environment within each phase to achieve training objectives. The desired end state is that EXMED units are trained and ready to conduct prompt and sustained operations. The phased timelines are estimated but may change depending on the capabilities approved by F RTP. The maintenance phase begins the EXMED unit's F RTP cycle with a timetable to be developed to support each EXMED unit. The listed phases are:

a. Maintenance Phase. All EXMED units have a maintenance phase. During the maintenance phase, units focus on appropriate manning with identified personnel qualifications and required schools. Noted shortfalls in personnel, equipment, supply, and training are

identified for resolution and mitigation. The maintenance phase is for force reconstitution and unit modernization and is required to support training and operations no later than the beginning of the basic phase. Maintenance phase training results in:

(1) Completion of individual training requirements, to include enabling familiarization and requalification for all newly installed or updated equipment.

(2) ROC and POE mission area level of knowledge to maximize basic phase training.

b. Basic Phase

(1) The basic phase focuses on the development of applying individual skills and proficiencies to enhance unit core capabilities defined by the EXMED unit's ROC and POE. These core capabilities are monitored through the completion of unit-level inspections, visits, certifications, and training requirements, as well as achieving the required levels of personnel, equipment, and supply readiness. Basic phase training builds warfighting skills under conditions that represent uncertain threat environments. It is expected that units will have sufficient personnel with the required individual skillsets manned to the established target level to support basic phase training which culminates with proficiency in all ROCs and associated conditions. Basic phase training, required inspections, assessments, and certification exit criteria must ensure:

(a) Units can operate safely and ensure sustainability of unit capabilities.

(b) Units attain satisfactory levels of performance in all ROC and POE mission areas.

(c) Units can employ and execute unit level TTPs.

(d) Basic phase culminates with the completion of an operational readiness evaluation.

(2) Units that complete the basic phase are ready for appropriate tasking to support exercises and deployments. Following the attainment of basic phase mission area certification, units will maintain proficiency through repetition of fundamentals in each mission area by accomplishing required repetitive exercises and training as outlined in the applicable NAVMEDFORLANT and NAVMEDFORPAC training and readiness policy.

(3) Basic Phase Certification. Units completing the basic phase of the FRTP will receive basic phase certification and be recommended for exercise or deployment.

(a) NAVMEDFORLANT and NAVMEDFORPAC are responsible for training and assessing EXMED forces in the basic phase and certifying a unit's mission readiness for tasking. Forces that have completed all basic phase requirements and have achieved NAVMEDFORLANT and NAVMEDFORPAC certification are capable of unit-level operations.

(b) NAVMEDFORLANT and NAVMEDFORPAC will report, via naval message, EXMED unit basic phase certification and request BUMED designation as an independent unit ready for tasking (IURFT) (see basic phase transition message, appendix B). Director, Maritime Operations (BUMED-N04) will provide recommendations to Surgeon General of the Navy or Chief, BUMED for IURFT designation.

(c) IURFT designation signifies the EXMED unit is available for independent operational tasking in support of Homeland Security, Defense Support to Civil Authority, Humanitarian Assistance and Disaster Recovery, or other specific focused operations. An example can be found in appendix C.

c. Sustainment Phase. The sustainment phase begins with obtaining basic phase certification via the respective medical TYCOM. The sustainment phase ends with the commencement of the next maintenance phase as determined by the EXMED unit's approved FRTP. Sustainment training ensures proficiency is maintained in all the EXMED unit's METs to maintain deployment readiness. While the AC and RC OFRP phases are the same, a slight difference between the AC and RC OFRP cycle was triggered to allow more time for individual training requirements to be completed by drilling RC members:

(1) Maintenance Phase: AC: 6 months, RC: 12 months

(2) Sustainment Phase: AC: 24 months, RC: 18 months

9. NAVEXPMEDWARDEVCCEN. Provides multi-faceted training, and upon request, provides mentoring, training, and evaluation support leading to the certification of all current and future expeditionary medical platforms and their assigned personnel in support of the CCDR.

10. BUMED TEEP. The BUMED TEEP is the Surgeon General of the Navy's Fg management tool designed to identify required unit, personnel, equipment, and resources for the efficient and effective execution of training, exercises, and employment. The TEEP tracks resource utilization over time and defines the approved unit participation related to a specified event. The TEEP informs planners in developing risk assessments, prioritization, resource allocation decisions, and force-sourcing recommendations. TEEP is used to visually depict all current and future operations and activities to maintain visibility of the commitment, readiness, availability, deployment, and redeployment of the EXMED unit.

11. Lessons Learned. The BUMED lessons learned program is systematically aligned to the Joint Lessons Learned Program, integrating lessons learned to rapidly inform operational platforms, enhance readiness, and improve capabilities by recommending solutions across doctrine, organization, training, materiel, leadership, education, personnel, facilities, and policy, per reference (j). Lessons learned from training events, exercises, and employment serves as a principal source for the design of future naval medical education and training curricula, and execution of medical operational support of the warfighter.

APPENDIX A
BASIC PHASE CERTIFICATION AND DESIGNATION OF INDEPENDENT UNIT READY
FOR TASKING MESSAGE TEMPLATE

1. This message will be submitted by the medical TYCOM to report completion or non-completion of basic phase training and readiness requirements and readiness to commence follow on training. Completion of all information fields in this template is required.

FM [NAVMEDFORLANT or NAVMEDFORPAC]
TO BUMED FALLS CHURCH VA
INFO OPNAV 931
COMUSFLTFORCOM NORFOLK VA
COMPACFLT PEARL HARBOR HI
NAVMEDFORDEVCOM SAN ANTONIO TX
[NAVMEDFORPAC or NAVMEDFORLANT]
BT

CLASSIFICATION//NXXXX//

MSGID/GENADMIN/TYCOM/

SUBJ(U) BASIC PHASE COMPLETION REPORT//

REF/A/DOC/BUMEDINST 1500.36/DATE//

REF/B/DOC/BUMEDINST 3000.1/01FEB23//

REF/C/DOC/NAVMEDFORLANT/NAVMEDFORPACINST/

NAVMEDFORSUPCMDINST 3502.7/11APR23DATE//

NARR/REF A IS THE BUMED ENTERPRISE TRAINING FRAMEWORK.

REF B IS BUMED OFRP INSTRUCTION. REF C IS MEDICAL FORCES
TRAINING AND READINESS MANUAL//

POC/AME/CODE/TEL: /EMAIL: //

RMKS/1. Per References A, B, and C [Unit] Has/Has Not Completed Basic Phase as of
(Date) and is (Ready/Not Ready) for follow on training.

2. Basic phase inspections, qualifications, certifications, schools, and assessments have been completed with the following exceptions.

- a. Type/Name/Reason Not Complete/Mitigation/Completion Date:
- b. Personnel Readiness (Issues/Reasons/Mitigation Steps).

3. a. Manpower: Rate NMP/BA/COB Actions

- b. Critical/Essential NEC Shortfalls: NEC Rate Actions

4. a. Equipment Readiness:

- b. Deficiencies and actions to mitigate.

5. a. Supply

- b. Shortfalls and actions to mitigate.

6. As applicable: Request BUMED designation as an independent unit ready for tasking

7. Closing remarks.// BT

APPENDIX C
ACRONYMS

BUMED	Bureau of Medicine and Surgery
CCDR	Combatant Commander
COMUSFLTFORCOM	Commander, U.S. Fleet Forces Command
CONPLAN	Contingency Plan
COMPACFLT	Commander, U.S. Pacific Fleet
DRRS-S	Defense Readiness Reporting System-Strategic
EMPARTS	Expeditionary Medicine Platform Augmentation, Readiness, and Training System
ERSS	Expeditionary Resuscitative Surgical System
EXMED	Expeditionary Medicine
Fd	Force Development
Fg	Force Generation
FLTMPS	Fleet Training Management and Planning System
F RTP	Fleet Response Training Plan
IURFT	Independent Unit Ready for Tasking
MET	Mission Essential Task
METL	Mission Essential Task List
NEC	Navy Enlisted Classification
NAVMEDEFORLANT	Naval Medical Forces Atlantic
NAVMEDEFORPAC	Naval Medical Forces Pacific
NAVMEDEFORDEVCOM	Naval Medical Forces Development Command
NSTI	Naval Survival Training Institute
NTIMS	Navy Training Information Management System
NTSP	Navy Training System Plan
NWTS	Navy Warfare Training System
OFRP	Optimized Fleet Response Plan
OPLAN	Operation Plan
OPNAV	Office of the Chief of Naval Operations
ORM	Operational Risk Management
ROC	Required Operational Capability
POE	Projected Operational Environment
TEEP	Training, Exercise, and Employment Plan
TOA	Table of Allowance
TTP	Tactics, Techniques, and Procedures
TYCOM	Type Command