



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 1520.41A
M00C
1 June 2021

BUMED INSTRUCTION 1520.41A

From: Chief, Bureau of Medicine and Surgery

Subj: ADMINISTRATION OF POST GRADUATE DENTAL EDUCATION PROGRAMS

Ref: (a) American Dental Association Standards for Advanced Dental Education Programs
(b) SECNAVINST 1520.11B
(c) DoD Instruction 6000.13 of 30 December 2015
(d) FTOS/OFI Policies and Procedures Manual (NOTAL)
(e) BUMEDINST 5420.12F
(f) OPNAVINST 5350.4D
(g) BUMEDINST 1524.1C
(h) BUMEDINST 7050.1B
(i) DoD Instruction 6025.13-R of 29 October 2013
(j) DoD Directive 5500.07 of 29 November 2007
(k) BUMEDINST 6010.13
(l) BUMEDINST 1520.37C
(m) BUMEDINST 6010.30
(n) BUMEDINST 7050.3A
(o) BUMEDINST 6000.12B
(p) BUMEDINST 6010.17C
(q) BUMEDINST 6440.5D
(r) SECNAV M-5214.1 of December 2005
(s) BUMEDINST 1500.20A

Encl: (1) Acronyms
(2) Internal Review Process Guidelines
(3) Program Director Selection Process
(4) Graduate Medical Education Selection Board Procedures
(5) Graduate Dental Education Certificates of Completion
(6) Guidelines for Graduate Dental Education Performance Standards

1. Purpose. To provide procedures and information to direct Navy Graduate Dental Education (GDE) programs and to define the responsibilities involved in GDE program management and administration. References (a) through (s) provide additional guidance. Enclosure (1) is a list of defined acronyms and enclosures (2) through (6) provide selection board procedures and guidance. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1520.41.

3. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of specialty-trained dentists on active duty to ensure Navy Medicine (NAVMED) meets mission essential requirements. To assist in fulfilling this responsibility, BUMED conducts accredited GDE programs and sponsors training in accredited non-Navy GDE programs. Such specialty or subspecialty training is provided as a means of cost-effective Dental Corps (DC) sustainment, skills updating, and retraining in direct support of the wartime and day to day operational readiness missions.

4. Definitions

a. Commission on Dental Accreditation (CODA) for GDE. The CODA serves to assure the quality of GDE programs in the United States through an accreditation process that determines whether training programs conform to established national educational standards and program essentials. The CODA is a specialized accrediting body recognized by the Commission on Recognition of post-secondary accreditation and by the U.S. Department of Education. The CODA works under the auspices of the American Dental Association (ADA). It is a peer review mechanism that includes the involvement of members of the discipline, the broad educational community, employers, practitioners, the dental licensing community, and public members. All of these groups participate in a process designed to ensure educational quality. Accreditation recommendations or decisions are made specialty-specific by CODA. Reference (a) is published annually and contains details of the accreditation process, the requirements for accredited residencies, and a list of accredited programs. The CODA also conducts institutional reviews of facilities to determine whether institutions are in substantial compliance with their institutional requirements.

b. GDE. GDE prepares dentists for the independent practice of a dental specialty by developing clinical skills and professional competencies, and provides training leading to certification by a specialty board. Internship, residency, and fellowship training are included in GDE.

c. DC Training Requirements. Corps Chiefs' office and Naval Medical Leader and Professional Development Command (NAVMEDLEADPRODEVCMO) analyzes DC billet authorizations and projected end-strength to determine DC training requirements. Once determined, BUMED publishes annual DC training requirements used to develop the precept governing the types and numbers of trainees selected at the annual duty under instruction (DUINS) Selection Board.

d. Teaching Medical Centers and Hospital. In this instruction, a teaching medical center or hospital is any military hospital that conducts one or more Graduate Medical Education (GME) or GDE programs.

5. GDE Programs. Navy teaching medical centers and hospitals conduct in-Service GDE programs for active duty dental officers and the Navy sponsors out-Service GDE training for active duty dentists approved for training in other Federal institutions and full-time out service (FTOS) programs. Dental officers may defer active duty when approved for the Navy Active Duty Delay for Specialists (NADDS) Program and Financial Assistance Program (FAP), as governed by reference (b). Applicants for GDE training are selected at the annual DUINS Board, or approved by the Chief, Navy DC. GDE trainees incur obligated service as outlined in reference (c). Officers may participate in GDE training only after formal selection for the specific training.

a. Full-Time In-Service (FTIS) Programs

(1) Post Graduate Year (PGY)-1 Training. The Navy conducts in-Service PGY-1 training in Advanced Education in General Dentistry Program and General Practice Residency (GPR) Program. The first year of GDE training is conducted to ensure the participant is eligible for state licensure, and capable of assuming the duties of a naval general dental officer. The annual notice indicating the PGY-1 application procedures is generated by the Director, DC Programs, NAVMEDLEADPRODEVCMO listing in-Service PGY-1 programs and locations. Navy Armed Forces Health Professions Scholarship Program and Health Sciences Collegiate Program PGY-1 applicants who are not selected for a military internship or residency training are detailed via the junior assignment officer as an active duty general dentist.

(2) Postgraduate Residency Specialty Training. The Navy provides residency and fellowship training in specialties and subspecialties at the Naval Postgraduate Dental School (NPDS) and teaching medical centers and hospitals. A current listing of programs, vacancies, and locations is available at NAVMEDLEADPRODEVCMO, and is provided in the annual BUMED notice, which contains application procedures and guidance. Each program must comply with the institutional requirements published annually by CODA, reference (a); and must provide training in pertinent specialty-specific military unique curricula. Generally, the GDE programs commence with the academic year beginning on 1 July and ending on 30 June of the graduation year.

b. FTOS Programs. The Navy sponsors FTOS, other Federal institutions (OFI), and NADDS training based on DC training requirements developed by BUMED. BUMED sponsors out service training in specialties and subspecialties for which there is a projected personnel shortfall and no available in-Service training capability, or in-Service training output is insufficient to overcome the projected shortfall. General guidance regarding specialty and subspecialty training opportunities in OFI, FTOS, and NADDS programs are listed in the annual BUMED notice. Administrative guidance for out-Service trainees is provided in reference (d).

c. OFI Program. The Navy sponsors active duty Navy dental officers training in Army and Air Force GDE programs and residency or fellowship programs sponsored by OFI, such as the Uniformed Services University of the Health Sciences, the National Institutes of Health, the U.S. Public Health Service, and the Department of Veterans Affairs.

d. NADDS Program. This program is available to dental officers who have, or agree to, obligated service to the Navy. Active duty service is deferred pending completion of a civilian residency or fellowship.

e. FAP. Available for U.S. citizens accepted or satisfactorily progressing in an accredited civilian GDE program in designated specialties. Participants must be free of any contractual obligation that would prevent their appointment as a DC officer and availability to serve on active duty immediately upon completing training. The Navy provides an annual grant and monthly stipend, in addition to any stipend provided by the civilian program. Participants in the NADDS Program may apply for the FAP.

6. Organization and Responsibilities

a. BUMED. Provides guidance for the implementation and administration of Navy GDE programs, establishes policies based on the recommendations of the Dental Officer Professional Education Council (DOPEC), serves as an out-Service funding source, and ensures completion and implementation of the annual DC training plan.

b. BUMED DC Specialty Leaders. Provide expertise in areas unique to their specialty, per reference (e). The specialty leaders serve as principal advisors on issues regarding current and projected GDE training in their specific specialty.

c. Chief, Navy DC. As Principal Advisor of the DOPEC, oversees the development of GDE policies, and presents major policy and program revisions to Chief, BUMED. The Chief, Navy DC may approve selection of GDE trainees outside of the Navy DC DUINS Selection Board when necessary to meet the needs of the Navy as dictated by changing requirements, unanticipated program vacancies, or trainee losses. Selection of officers outside the Navy DC DUINS selection board will be considered only after exhausting any existing alternate list for the program concerned and is implemented consistent with the training plan.

d. DOPEC. Evaluates, develops, and proposes DC professional education policy for review and approval by the Chief, Navy DC. The DOPEC reviews, evaluates, and advises on all joint service GDE initiatives, on all proposals to establish, disestablish, and modify Navy GDE programs, and on GDE Program accreditation issues.

e. DC, Chief Office (BUMED-M00C2) and Community Manager. Analyzes DC billet authorization and projected end-strength and provides the annual DC training requirements, including specialty and subspecialty training requirements, to NAVMEDLEADPRODEVCMC by 15 December each year for use in developing the precept for the annual DUINS Board.

f. Commanding Officer (CO), NAVMEDLEADPRODEVCMC

(1) Serves as Navy program manager for all GME and GDE programs, reviews and executes training plans for the medical department.

(2) Serves as Navy representative for dental education to the Assistant Secretary of Defense for Health Affairs and ensures coordination for all joint Service medical department education initiatives.

(3) Monitors the accreditation status of in-Service programs.

(4) Coordinates memoranda of understanding, development, and processing for FTOS trainees, per reference (f).

(5) Provides financial management for tuition, reimbursements, and integral parts of training for out-Service programs, per reference (g).

g. Head, Graduate DC Programs NAVMEDLEADPRODEVCM

(1) Advises Chief, Navy DC of the availability of dental residency programs for the publishing of the annual notice, coordinates the notification and acceptance processes, and provides liaison for all Federal residency commitments and requirements.

(2) Develops the annual DUINS precept; plans and conducts the annual DUINS board; serves as the coordinator for the annual DUINS board.

(3) Coordinates placements and changes in trainee status with BUMED DC specialty leaders, GDE program directors, and Navy Personnel Command (PERS-4415).

(4) Interacts with academic institutions, professional organizations, and civilian agencies.

(5) Approves changes in GDE trainee specialty, site, or category of training.

(6) Reviews Navy Recruiting Command applications for GDE from civilian applicants and for the FAP.

(7) Advises Deputy Chief, Navy DC of the availability of PGY-1 programs for the publishing of the annual NAVMEDLEADPRODEVCM notice, coordinates the notification and acceptance processes, and provides liaison for all PGY-1 programs commitments and requirements.

(8) Develops the annual PGY-1 Board precept; plans and conducts the annual PGY-1 board; serves as the coordinator for the annual PGY-1 board.

h. Commanders and COs of Navy Teaching Medical Centers and Hospitals Sponsoring Dental Education Programs must:

(1) Ensure all programs conducted within their commands comply with current BUMED, Accreditation Council for Graduate Medical Education (ACGME) and CODA policies and requirements.

(2) Ensure implementation of procedures specified in enclosures (2) through (6).

(3) Provide institutional, financial, and personnel support for GDE programs and DC professional activities, including attendance at national program director meetings.

(4) Negotiate memoranda of understanding with non-Federal institutions for integral parts of training for in-Service programs, per references (f) and (h).

(5) Ensure guidelines for supervision of trainees are addressed in dental staff bylaws (developed in compliance with reference(s) and departmental operating procedures). Topics to be considered for the supervision guidelines are: documentation of supervision, trainee requests for dental staff assistance, admission of patients, and discharge planning.

(6) Ensure the trainee evaluation process is incorporated in the dental quality assurance program.

(7) Ensure training records are maintained.

(8) Ensure there is no communication from specialty leaders, program directors, or any other individual within the command, with civilian oversight bodies verbally or in writing regarding changes in Navy GDE policy, (such as changes in length of training programs, major residency restructuring, or statements concerning Navy GDE philosophy) without prior approval from NAVMEDLEADPRODEVCMD and, where appropriate, the Chief, Navy DC via the DOPEC.

(9) Ensure PGY-I program directors direct trainees to attempt to successfully complete all appropriate licensing examinations by the end of the first year of GDE.

(10) Ensure program leadership continuity, per reference (g). To the maximum extent possible, refrain from assigning program directors to mobilization platforms, extended deployments, or transfer prior to completion of a tour length of the program length plus 1 year.

(11) The commander or CO is the final approval authority when GME Committee (GMEC) Executive Council decisions regarding trainee status are appealed.

i. Directors of Health Education at Navy Teaching Medical Center and Hospital. Serve as chairpersons of their facility's GME NAVMED committee. These officers are directly responsible to their commander or CO for ensuring all institutional requirements of the ACGME and CODA are maintained, and for monitoring all aspects of graduate dental education programs they sponsor.

j. Dean, Naval Postgraduate Dental School (DNPDS)

(1) A DC officer slated to this position by the Chief, BUMED via the milestone screening process, per the annual BUMEDNOTE. The DNPDS is responsible for informing the CO, NAVMEDLEADPRODEVCOMD on the performance of all residents in the NPDS on an annual basis or whenever necessary.

(2) Chair of the DOPEC

(a) Plans, manages, and implements periodic DOPEC meetings.

(b) Endorse and forward DOPEC proposals, per reference (f), and ensure no program changes are implemented before approval by the Chief, Navy DC.

(c) Serves as the Chief, BUMED's specialty leader for dental professional education.

k. Director, Graduate Medical Education of Each Teaching Medical Center and Hospital. Provides advice and monitors all aspects of GME and GDE and hospital-based dental residency programs, as specified by reference (a).

l. Program Directors

(1) Implements the GDE program and evaluates the progress of enrolled residents in the residency program.

(2) The program director will develop a curriculum including integral parts, per the annual BUMED notice, trainee performance standards, faculty and administrative staffing plans, and faculty development programs to comply with Navy and CODA requirements.

(3) The program director will ensure each resident is aware of the Navy policies and procedures listed in subparagraphs 613(a) through 613(h):

(a) Zero tolerance to drug or alcohol abuse, per reference (f).

(b) Prohibition against extramural practice for remuneration during training (moonlighting), per reference (i).

(c) Funding for board certification, per reference (f).

(d) Standards of conduct, per reference (j).

(e) Specific command and department regulations.

- (f) Participation in command quality assurance programs, per reference (k).
- (g) Active duty obligation.
- (h) Masters degree obligation, if any.

(4) The program director will establish a residency record on each resident. Individual records will include at least all evaluations and performance standards achieved during the residency. Copies of all academic and administrative actions and their resolutions recommended by the resident performance review committee (RPRC) or GMEC will be included. The residency records will be maintained either in the DNPDS office, the central GME office, or in the departmental office, and must comply with the Privacy Act Statement and Health Insurance Portability and Accountability Act of 1996. Official transcripts and final resident evaluations will be maintained by the institution for at least 30 years, then forwarded to the Federal Records Center. Records of former or retired medical department personnel are maintained at the National Personnel Records Center, 9700 Page Boulevard, St. Louis, Missouri 63132. When a Navy GDE program closes, arrangements for permanent storage of training records must be made following the BUMED policy in effect at the time of closure.

(5) The program director will ensure the residents are formally counseled and evaluated, at least quarterly, to ensure they are making satisfactory academic and clinical progress appropriate to their stage of residency. The evaluations should include, but not be limited to, quality of care provided, scope of dental and medical knowledge, soundness of judgment, ability to establish doctor-patient relationships, and technical proficiency in the skills required for the specialty. Substandard professional, moral, or ethical conduct should be documented in the evaluations. The program director will report resident progress to the commander or CO, DNPDS or GMEC, as appropriate or at least annually.

(6) Per reference (h), upon completion or termination of a Navy residency program, the program director will provide the resident with a complete list of the skill levels achieved which will become a part of the resident's permanent credentials package.

(7) Ensure the director, GME, the parent command, and NAVMEDLEADPRODEV-CMD, as appropriate, are informed of all communications with the CODA and ADA.

(8) Provide input to the specialty leader as it applies to the selection of residents and fellows at the annual DUINS Board.

(9) Assist and coordinate selection and approval of teaching staff.

(10) Serves as program director for at least the program length plus 1 year. (PGY-1 program directors serve for the length of their tour)

m. RPRC (applies to NPDS, PGY-1). The RPRC reviews performance of all residents who have been placed on probation. Specific deficiencies and corrective actions planned must be reported to the commander or CO per the guidance of enclosure (2).

(1) NPDS. The RPRC is an ad hoc committee chaired by the DNPDS, and composed of the directors of each NPDS dental specialty program. The recommendations of the RPRC will be forwarded to the CO, NAVMEDLEADPRODEVCMD, when appropriate.

(2) PGY-1 and ACP Programs. The RPRC is an ad hoc committee appointed by the commander or CO and composed of four members of the command. The recommendations of the RPRC will be forwarded to the commander or CO, when appropriate.

n. GMEC of Each Teaching Medical Center and Hospital (applies to Oral and Maxillofacial Surgery and PGY-1 Programs). Provides advice and monitors all aspects of GME and GDE, as specified by reference (a), and is composed of the Director, Graduate Medical Education (DGME) as chair, GDE program directors, resident representatives, and other members appointed by the command. A non-voting legal advisor may be appointed, as required.

(1) The GMEC members are the principal GME advisors, assisting the command in all matters concerning GME and GDE and overseeing implementation of guidelines specified in enclosures (4) through (6) regarding program director selection and responsibilities, internal reviews, trainee performance standards, and reporting requirements.

(2) The GMEC considers all proposals to establish, disestablish, or modify GME and GDE programs.

(3) At the discretion of the command, an executive council of the GMEC may be appointed to assist the GMEC in carrying out its functions. The executive council will be composed of the DGME as chair, and such other GMEC members as the command may determine to be appropriate.

(4) The GMEC or the executive council of the GMEC will serve as the institution governing body in all GME and GDE matters, including ensuring establishment of fair procedures for both the discipline and the adjudication of resident complaints and grievances relevant to the GME and GDE program. Due process must be afforded to all GDE trainees being considered for involuntary termination, probation, extension of training, or any other adverse actions, or when there are grievances against a GDE program or the institution in matters related to GDE. The GMEC reviews trainee functional skill requirements and performance of all trainees who have been placed on probation. Appeals to decisions of the governing body will be referred to the commander or CO of the teaching medical center or hospital for final decision.

(5) The GMEC conducts regular reviews of all residency programs, per the institutional requirements of reference (a) and enclosure (3), to assess compliance with CODA and ADA institutional and program requirements. The GMEC addresses all areas of current or potential non-compliance, provides advice on resolution of issues, and monitors implementation progress.

(6) The GMEC reviews and endorses any substantive communication (including required program reports) between programs and respective RPRCs.

(7) The GMEC is the approval authority (with command endorsement) for voluntary withdrawal, probation, training extensions, and involuntary termination.

o. Residency Achievement Board (RAB) (applies to NPDS, AEGD, and ACP). Is an advisory board for the commander or CO when a review of recommendations by the RPRC becomes necessary (e.g., when a resident appeals the recommendations of the RPRC). The chair of the RAB will be the executive officer. Additionally, the commander or CO will appoint in writing, four officers from the command to serve as members of the board. These officers should not have served on the RPRC in the case involved. The RAB will convene when directed by the commander or CO. All members of the RAB, including the chairman, are voting members.

p. DUINS Board. Is an administrative board governed by a formal precept issued annually by the Chief, BUMED which selects candidates for training in Navy in-Service and Navy-sponsored out-Service GDE and nonclinical postgraduate education programs. The application and selection process is explained and guidance is published annually by a BUMED notice distributed no later than February of each year.

q. Responsibility of the Residents. The resident who is enrolled in GDE must:

(1) Participate fully in educational activities of the program.

(2) As directed, assume responsibility for teaching and supervising other dental residents.

(3) Develop a personal program of study and professional growth under the guidance of the teaching staff.

(4) Provide at least annually, a written critique of the training program for review by the program director.

(5) For FTOS and OFI trainees, comply with all administrative requirements of reference (f).

(6) Take appropriate in-Service and licensure examinations and obtain State licensure as soon as eligible.

r. Head, Dental Department Officer Assignment and Distribution Branch, NAVPERSCOM (PERS-4415). Serves as advisor to the DUINS board, providing expertise on assignment and distribution policy and procedures affecting GDE programs and Dental Department officers.

7. Trainee Status Changes

a. GDE Assignments. Assignments to all GDE programs are coordinated by NAVMEDLEADPRODEVCMDCMD to facilitate appropriate detailing action by PERS-4415. Requests for changes in training assignment, including site, specialty, or category of training, must be submitted in writing to NAVMEDLEADPRODEVCMDCMD, and endorsed by the trainee's command if the trainee is currently in a full-time in-Service (FTIS) program. NAVMED-LEADPRODEVCMDCMD is the approval authority for all changes to GDE assignments.

b. Extension of Training. The Chief, Navy DC approves extensions for all GDE programs with the advice of the program director and subject to the concurrence of PERS-4415. Reports are sent to NAVMEDLEADPRODEVCMDCMD within 5 days of the actions.

c. National Emergency. In the event of national emergency and mobilization, BUMED will plan efforts to provide support for and maintain the commitment to GDE. However, training programs may be suspended or terminated and personnel reassigned to meet the needs of the Navy and national defense.

d. Deployment of Residents. Residents will be deployed only as an elective rotation with appropriate educational goals and faculty supervision.

e. Probation, Suspension, Voluntary Withdrawal, or Termination. Enclosure (5) provides guidance governing probation, suspension, voluntary withdrawal, involuntary termination, dismissal, and reinstatement. Academic disciplinary procedures required in cases of unsatisfactory professional performance or progress are also delineated. Naval dental officers enrolled in Navy FTIS or FTOS GDE programs may be suspended, placed on probation, or terminated for the reasons listed in subparagraphs 7e(1) through 7e(6), as appropriate:

- (1) Individual request for voluntary withdrawal.
- (2) Less than satisfactory academic or professional progress or performance.
- (3) Violations of Navy disciplinary or administrative standards.
- (4) Prolonged absence from the program.
- (5) Conduct which violates the ethical standards of the dental profession.
- (6) National emergencies.

f. Final approval authority for the change in, or the termination of, residency status will be retained by the responsible commander or CO. Final action will be based upon the circumstances of each case. Upon final approval of termination, the commander or CO will notify PERS-4415 via NAVMEDLEADPRODEVCMDCMD and BUMED, that the resident is available for reassignment.

8. Report Requirements. The commander or CO will submit to BUMED-M00C2 via NAVMEDLEADPRODEVCMDCMD:

a. Dismissal, reassignment or adverse action regarding a resident.

b. Report of the review by CODA and ADA regarding program accreditation. Progress will be reported every 90 days when appropriate, until the corrective action is completed.

c. Any items identified by internal review that cannot be solved by the command must be reported.

9. Dissemination. Commanders or COs of MTFs providing GDE will ensure members of the residency teaching staff are aware of the content of this instruction. The program director will provide a copy of this instruction to each resident upon entering GDE. A copy will also be maintained in each GDE and GME office and in the offices of the program directors.

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, Healthcare Operations (BUMED-M3) 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 this instruction, subparagraphs 6l(5), 6m, 6n(6), 7b, paragraph 8, enclosure (2) subparagraphs 2b(2), 2c(1), 2d, paragraphs 4 and 6 and enclosure (3) paragraphs 3 and 4, and are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, paragraph 7h.



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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/Pages/BUMEDInstructions.aspx>

ACRONYMS

ACP	Advanced Clinical Program
ACGME	Accreditation Council for Graduate Medical Education
ADA	American Dental Association
AEGD	Advanced Education in General Dentistry
BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
CODA	Commission on Dental Accreditation
DC	Dental Corps
DGME	Director Graduate Medical Education
DNPDS	Dean, Naval Postgraduate Dental School
DOPEC	Dental Officer Professional Education Council
DUINS	Duty Under Instruction
FAP	Financial Assistance Program
FTIS	Full Time In-Service
FTOS	Full Time Out-Service
GDE	Graduate Dental Education
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GPR	General Practice Residency
NADDS	Navy Active Duty Delay for Specialist
NAVPERSCOM	Navy Personnel Command
NAVMEDLEADPRODEVCOMD	Naval Medical Leader and Professional Development Command
NPDS	Naval Postgraduate Dental School
OFI	Other Federal Institutions
PGY	Post Graduate Year
RAB	Residency Achievement Board
RPRC	Resident Performance Review Committee

INTERNAL REVIEW PROCESS GUIDELINES

1. The process of internal review is a periodic analysis of residency training which should be accomplished by an ad hoc committee midway in the period between the CODA reviews.
2. The GMEC and commanders and COs of facilities sponsoring GDE are responsible for ensuring internal reviews of GDE programs are conducted. An ad hoc committee, appointed by the chair of the GMEC, commanders or COs of these facilities, will be chaired by a program director from an interfacing department. The number of members will vary depending on the number of GDE programs at a command. In commands with only one program, the committee will be chaired by a director of an interfacing department vice another GDE program director.
3. To accomplish the internal review, program directors will obtain and complete the current self-study forms required for CODA accreditation site visits. Ad hoc committee members will review the completed self-study document for each program and make recommendations for improvement. They will also use the CODA consultant site visit checklist to ensure compliance with CODA standards. The report, with recommendations for improvement, will be sent to the Chair, GMEC, commander, or CO.
4. The ad hoc committee responsible for conducting the internal review will ensure that any item(s) checked "no" on the checklist will be resolved within an appropriate time period, i.e., affiliation agreements, if not current, may require several months to be obtained. A follow-up report showing progress toward the resolution of these items must be sent to the Chair, GMEC, commander, or CO within 30 days of the internal review report.

PROGRAM DIRECTOR SELECTION PROCESS

1. NPDS

- a. The program director informs the command via the DNPDS, BUMED DC specialty leader and PERS-4415 of plans to leave the position.
- b. The BUMED DC specialty leader solicits candidates for program director by publicizing the vacancy via an email to the specialty community, or via the weekly dental update.
- c. Interested applicants submit requested documents (curriculum vitae, statement of motivation and CO endorsement) to the BUMED DC specialty leader. All candidates for NPDS staff positions to include program director, department head and ancillary staff must meet Uniformed Services University of the Health Sciences' academic standards to serve as NPDS faculty as set forth in the MOU between BUMED and Uniformed Services University of the Health Sciences for dental residency programs.
- d. The BUMED DC specialty leader develops a list of candidates for PERS-4415 review. The PERS-4415 assignment officer provides availability information and personnel concerns which preclude or facilitate candidate assignment to the BUMED DC specialty leaders.
- e. The BUMED DC specialty leader, current NPDS department chair, and DNPDS decide on recommended candidate(s) and forward to BUMED-M00C2.
- f. The Chief, Navy DC will make the final selection from the list of approved candidates provided by the BUMED DC specialty leader. The BUMED DC specialty leader is responsible for informing PERS-4415 of the selection.
- g. The DNPDS issues an appointment letter to the accepted candidate and verifies that the program director change is reported to CODA.

2. Oral and Maxillofacial Surgery (OMFS) and Advanced Clinical Program (ACP) Exodontia

- a. The OMFS and exodontia specialty leader solicits candidates for program director(s) by publicizing the vacancy via an email to the specialty community and the weekly dental update. Interested applicants submit requested documents (curriculum vitae, biography, statement of motivation and CO endorsement) to the OMFS and exodontia specialty leader.
- b. The OMFS and exodontia specialty leader develops a list of candidates for PERS-4415 review. The PERS-4415 assignment officer provides availability information and personnel concerns which preclude or facilitate candidate assignment.
- c. The OMFS and exodontia specialty leader and BUMED-M00C2 decide on a recommended candidate(s).

d. The Chief, Navy DC will make the final selection from the list of approved candidates.

e. The Chief, Navy DC issues an appointment letter to the accepted candidate(s), and the OMFS and exodontia specialty leader verifies that the program director changes for OMFS are reported to CODA (ACP exodontia is not a recognized specialty by CODA; CODA reporting is not required).

3. PGY-1

a. The PGY-1 specialty leader solicits candidates for program director(s) and assistant program director(s) by publicizing vacancies via the weekly dental update. Interested applicants submit requested documents (curriculum vitae, biography, statement of motivation and CO endorsement) to the PGY-1 specialty leader.

b. The PGY-1 specialty leader develops a list of candidates in coordination with the applicants' specialty leaders (if applicable) for PERS-4415 review. The PERS-4415 assignment officer provides availability information (appointment is for the length of the applicants' tour) and personnel concerns which preclude or facilitate candidate assignment.

c. The PGY-1 specialty leader, PGY-1 assistant specialty leader and BUMED-M00C2 decide on a recommended candidate(s).

d. The Chief, Navy DC will make the final selection from the list of approved candidates.

e. The Chief, Navy DC issues an appointment letter to the accepted candidate(s), and the PGY-1 specialty leader verifies that the program director changes are reported to CODA.

GRADUATE MEDICAL EDUCATION SELECTION BOARD PROCEDURES

1. Duty Under Instruction (DUINS) Selection Procedures

a. Annual Notices. An annual BUMED notice is issued each year to announce application procedures for the DUINS Board. The notice should be consulted for specific, current information on program and position availability for in-Service and full time out-Service programs.

b. Precept. The formal precept governing the annual DUINS Board is developed each year by NAVMEDLEADPRODEVCMDCMD dental programs and is signed by the Chief, BUMED. The precept formally appoints the DUINS Board president (a DC flag officer), voting members (senior DC officers), the senior recorder (NAVMEDLEADPRODEVCMDCMD dental programs) and additional recorders. The precept provides specific guidance for selecting candidates for Navy-sponsored graduate dental education (GDE) programs, establishes the number of dental officers to be selected for GDE training, delineates the specialties and GDE programs for which applicants may be selected (based on the BUMED-developed training requirements), and specifies the number of selections allowed for each Navy-sponsored GDE program.

c. Application Procedures. GDE applicants must complete and submit applications as specified in the annual notice. In addition, applicants should interview or otherwise communicate with the specialty leader and program director of the specialty and GDE programs in which they are interested. Commanders and COs ensure applications are reviewed, formally endorsed, and forwarded with all required documents to arrive in NAVMEDLEADPRODEVCMDCMD dental programs by the specified deadline. Applications received after the deadline are not processed for consideration by the DUINS Board president, except as authorized by the president of the board.

d. Application Processing. NAVMEDLEADPRODEVCMDCMD dental programs assembles and organizes the application packages, develops the database of applicants, and prepares these for the DUINS Board.

e. PERS-4415 Screening. PERS-4415 administratively reviews the Service records of all applicants before the DUINS Board convenes. This review determines GDE assignment compatibility and ensures applicants meet all basic requirements for transfer, including promotion ability and compliance with physical readiness standards.

f. DUINS Board Selection Decisions. The DUINS Board makes the final decision to designate each applicant as either a primary select, alternate select, or non-select for GDE training. The results of the DUINS Board are approved by the Chief, BUMED.

g. Selection Notification. Selection results are announced in the weekly dental update special edition and are posted on the Navy DC Web site within 4 weeks after the conclusion of the DUINS Board. Applicants who are designated as alternate selects are placed on alternate lists maintained by NAVMEDLEADPRODEVCMDCMD dental programs. If a primary select is unable to attend training, an alternate from the pool of designated alternates may be selected in coordination with PERS-4415. All applicants are also notified by email approximately 4 weeks after the conclusion of the board as to their selection or non-selection for the training.

h. Applicant Response. Applicants who are selected for training must notify NAVMEDLEADPRODEVCMDCMD dental programs of their decision to accept or decline training by the published deadline.

2. Chief, Navy DC GDE Selection Procedures

a. Justification. Occasionally the needs of the Navy require placing a dental officer in GDE without an application to the DUINS Board. Under these circumstances the Chief, Navy DC may select individuals for GDE.

b. Procedures. When the need for a Chief, Navy DC GDE selection is identified, NAVMEDLEADPRODEVCMDCMD dental programs will prepare a recommendation containing the following:

(1) Documentation of the type and duration of GDE requested.

(2) Documentation from PERS-4415 of the requesting individual's availability for training.

(3) A complete description of the circumstances which suggest the need for a Chief, Navy DC selection. Normally, this selection method will not be used if selectees or alternates from a previous DUINS Board are available in the needed specialty area, or if multiple individuals desire the training under consideration.

(4) Documentation of specialty leader and FTIS program director (if applicable) concurrence with the proposed selection.

c. Implementation. NAVMEDLEADPRODEVCMDCMD dental programs will notify the applicant, PERS-4415, the specialty leader, and the FTIS program director (if applicable) of the Chief, Navy DC decision.

GRADUATE DENTAL EDUCATION CERTIFICATES OF COMPLETION

1. Naval Postgraduate Dental School will produce their own certificates for non-PGY-1 residents, and forward through the Corps Chief's office to obtain Chief, BUMED's signature last. Copies of the fully signed certificates will be forwarded to NAVMEDLEADPRO-DEVCMD dental programs after all graduates complete training.
2. Commanders and COs must ensure the accurate and timely preparation of lists of officers completing GDE training by category: advanced education in general dentistry, advanced clinical program, GPR, specialty, and fellowship.
 - a. Prepare each of the lists in the form of a chart with the name of the command at the top and columns labeled from left to right in this order: rate, name, Corps, designator, specialty, inclusive dates of training (from [day month year] to [day month year]), trainees initials. Names must be in alphabetical order. Separate lists for each specialty may be provided if they comply with this format.
 - b. Program directors and GDE coordinators must verify and sign each list to assure accuracy and completeness.
 - c. Trainees listed must initial at their names to certify accuracy of individual information.
3. Commanders and COs must forward the lists to arrive at NAVMEDLEADPRODEVCMD dental programs at least 3 months before the completion of the residency.
4. NAVMEDLEADPRODEVCMD dental programs prepares a certificate for each trainee, enters the program completion date in GDE records and the GDE database, and sends the certificates to the appropriate offices for signatures. Signed certificates are returned to NAVMEDLEADPRODEVCMD dental programs.
5. NAVMEDLEADPRODEVCMD dental programs maintains a copy and returns the certificates to the appropriate command.
6. Trainees must retain GDE certificates of completion. Duplicates will not be issued.

GUIDELINES FOR GRADUATE DENTAL EDUCATION
PERFORMANCE STANDARDS

1. Individual Request for Voluntary Withdrawals. Residents may submit a written request to voluntarily withdraw from their training status. This request must include a requested effective date of withdrawal and must be submitted to the GMEC and RPRC via the trainee's program director. FTOS Program residents submit their written request to the CO, NAVMEDLEAD-PRODEVCMO, via the trainee's program director. The program directors endorsement must state the circumstances related to the voluntary withdrawal request, whether the trainees progress has been satisfactory, and specifically recommend approval or disapproval. A report of the GMEC and RPRC recommended action must be sent to the commander, CO or NAVMEDLEADPRODEVCMO as appropriate for review within 5 days. The commander, CO, or NAVMEDLEADPRODEVCMO will approve or disapprove the trainee's request, notify the trainee and the trainee's command by letter of the final decision. NAVMEDLEADPRODEVCMO dental programs will notify PERS-4415 that the trainee is available for reassignment and coordinate recalculation of the trainee's obligated service.

2. Inadequate Academic or Professional Progress or Performance

a. Remedial, Non-adverse Action. Normally program directors must identify, through the use of frequent evaluations of the resident's performance, those residents whose academic or professional performance is not meeting the milestones for that program. Trainees will be given counseling and assistance to overcome noted deficiencies. Remedial actions will be taken before more serious actions involving a delay or change in training status are considered. These discretionary actions will be thoroughly discussed with the trainee and documented in his or her training record. If the trainee is displaying unusual medical or psychological symptoms, the program director should consider recommending appropriate action consistent with guiding medical and mental health instructions.

b. Probation. Upon the recommendation of the program director, a GDE trainee may be placed on probation by action of the GMEC and RPRC. The purpose of academic probation is to impress the trainee with the seriousness of his or her deficiency or misconduct and to give the trainee the opportunity to correct those deficiencies. Probation will be documented by written notice informing the trainee of deficiencies, acts, or circumstances for which the probationary status is imposed, the duration of the probation, and specific recommendation to assist the trainee in overcoming the problem or problems.

(1) The duration of probation will normally be for 90 days or less. If satisfactory progress has been demonstrated, the probationary status may be removed by the GMEC and RPRC. If adequate progress has not been shown, the GMEC and RPRC may recommend involuntary termination or approve an additional period of probation, not to exceed 3 months. Trainees who fail to demonstrate adequate progress after two consecutive periods of probation will normally be recommended for involuntary termination. A period of time equal to the

probationary status may be added to the time required for completion of the program. If the length of training is extended as a result of probationary periods, the trainee's command will notify NAVMEDLEADPRODEVCMD dental programs who will notify PERS-4415 and BUMED to facilitate appropriate administrative actions. Obligated service will continue to accrue as long as the trainee remains in an authorized GDE training billet as identified on the command's manpower documents.

(2) All reports of trainee probationary status that will result in an extension of training must be submitted by the program director, via the local chain of command, to NAVMEDLEADPRODEVCMD dental programs. NAVMEDLEADPRODEVCMD dental programs will notify PERS-4415 to modify the trainee's projected date for completion of training. Requests for authority to grant periods of probation in excess of 180 days or beyond two consecutive periods, must be coordinated with NAVMEDLEADPRODEVCMD dental programs and PERS-4415 before GMEC and RPRC approval.

c. Involuntary Termination. A recommendation for involuntary termination of GDE training must be made by the program director in cases where continuation in training presents a hazard to patients, when serious unethical or unprofessional conduct is involved, or when serious deficiencies in performance or behavior persist, despite documented efforts to correct the problem through remedial, non-adverse, or probationary procedures.

(1) The GMEC and RPRC will review the recommendation submitted by the program director and approve or disapprove the recommendation. Any appeal of an action by the GMEC and RPRC to involuntarily terminate a trainee's GDE training must be submitted to the commander or CO within 10 days for final decision. Paragraph 5 of this enclosure contains guidance on convening a GMEC and RPRC review hearing, when required. All reports of involuntary termination from a GDE program must be submitted by the program director, via the local chain of command, to NAVMEDLEADPRODEVCMD dental programs. The commander or CO report of the final decision on an appeal will be forwarded to NAVMEDLEADPRODEVCMD dental programs for record purposes and retained on file in NAVMEDLEADPRODEVCMD. NAVMEDLEADPRODEVCMD dental programs will notify PERS-4415 if the training has been terminated and the officer is available for reassignment, and coordinate recalculation of the former trainee's obligated service.

(2) Policies and procedures for involuntary termination will be established that provide fair treatment for trainees in sponsoring and participating institutions. These must be adhered to by all parties potentially involved when actions are contemplated that would result in involuntary termination from a GDE program. Trainees, program directors, teaching staff, and administration should be involved in the development of these policies and procedures which are to be approved by the GDE governing body and the command, and shall include the steps outlined in paragraph 5 of this enclosure. The command must ensure the GMEC and RPRC develops and adheres to an equitable and satisfactory mechanism for all parties to seek redress of a grievance against a GDE program or the institution.

d. Summary Action to Restrict or Suspend Training Status. If information is received that indicates: improper, unethical, or unprofessional conduct by the trainee; violations of the uniform code of military justice or cognizant civilian statutes; conduct that violates the ethical standards of the dental profession and will likely adversely affect the trainee's ability to engage in patient care activities; or substandard, patient care by the trainee, the program director must immediately investigate and either suspend the trainee's patient care activities or document his or her confidence in the trainee. If the trainee's patient care activities are summarily suspended, the program director will prepare a report within 5 days of the suspension and submit it, with specific recommendations, to the GMEC and RPRC. The GMEC and RPRC will review the program director's report and determine the action to be taken. In conducting its review, the GMEC and RPRC will follow the guidance outlined in paragraph 5 of this enclosure when required. If the GMEC and RPRC action is appealed, the appeal will be forwarded to the commander or CO with a recommendation for final action. The command will approve or disapprove the recommendations of the GMEC and RPRC, ensure the trainee is formally notified of the final decision, and forward a summarized report to NAVMEDLEADPRODEVCMDD dental programs for record purposes. NAVMEDLEADPRODEVCMDD will acknowledge receipt of the command's report and file it in the trainees GDE file. If the resident is involuntarily terminated from a GDE program, NAVMEDLEADPRODEVCMDD dental programs will notify PERS-4415 of the trainee's availability for assignment, coordinate recalculation of the trainee's obligated service, and advise BUMED so appropriate credentialing action can be taken. Paragraph 5 of this enclosure contains guidance on convening a GMEC and RPRC review hearing.

3. Failure to be Selected for Promotion to the Next Higher Officer Grade. If an officer below the grade of commander, twice fails to be selected for promotion to the next higher paygrade, training status may be terminated per NAVPERSCOM policy and procedures.

4. Prolonged Absence from the Program. Under ordinary circumstances, brief periods of absence due to sick leave, temporary additional duty, or leave can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner. In those instances in which there is a prolonged absence (periods which cause a delay in meeting the milestones and requirements of the specialty boards and CODA special requirements for satisfactory completion of training), the program director will investigate the circumstances and recommend necessary action to the GMEC and RPRC. The program director will submit a report of the GMEC and RPRC action taken, via the local chain of command to NAVMEDLEADPRODEVCMDD dental programs. NAVMEDLEADPRODEVCMDD will notify PERS-4415. An officer will continue to accrue obligated service for the time spent in leave of absence status.

5. Right to a Hearing. The trainee, who has been notified by the program director or RPRC of the recommendation for delay in completion or involuntary termination of training, or has had patient care activities summarily suspended from the residency, may request review of the action by the RAB or the executive council of the GMEC. The trainee will have 10 days from the date recommendations are delivered to submit a written request to the DNPDS or DGME for a review

by the RAB or executive council. Failure of the trainee to make the written request for a review hearing constitutes a waiver by the trainee of his or her right to review. The proceedings of the review hearing are not bound by formal rules of evidence or a strict procedural format. The RAB or executive council may question witnesses and examine documents as necessary. The trainee is entitled to adequate notice of the hearing and a meaningful opportunity to respond. This will include the right to be present at the hearing. If the trainee cannot be present, and a reasonable delay would not make it possible for the trainee to attend, then the commander or CO may authorize the hearing to be held in the trainee's absence.

a. When the trainee is to be present at the hearing, the rights in subparagraphs 5a(1) through 5a(8) of this enclosure apply:

(1) To waive the hearing.

(2) To obtain notice of the grounds for the action.

(3) To obtain copies of documents being considered by the board.

(4) To know who will testify at the hearing.

(5) To have military counselor or secure civilian counsel at his or her own expense. (Presence of counsel at the hearing is not an absolute right. Counsel may be excluded from the hearing if counsel's presence unduly impedes the committee).

(6) To present evidence at the hearing.

(7) To question adversarial witnesses.

(8) To submit a statement and other evidence on his or her own behalf.

b. When authorization is given for the hearing to be held in the absence of the trainee, the following trainee rights apply:

(1) To obtain notice of the grounds for the action.

(2) To obtain copies of documents being considered by the board.

(3) To know who will testify at the hearing.

(4) To waive the hearing.

(5) To have military counsel, or to secure civilian counsel or other hearing representative at his or her own expense. Counsel or representative may directly address the RAB or executive council, present evidence at the hearing and cross-examine adverse witnesses on behalf of the

trainee. (Presence of counselor representative is not an absolute right. Counselor representative may be excluded from the hearing if counselor representative unduly impedes the committee in the performance of its duties.)

(6) To submit a statement or other evidence in his or her own behalf.

c. The trainee will be given notice of these rights by having the information personally delivered to the trainee or sent by registered or certified mail, return receipt requested.

d. A record of the proceedings must be preserved and retained on file in the office of the DGME for 50 years.

e. The RAB or executive council should expeditiously review all evidence received at the hearing. After the evidence has been reviewed, the voting members of the RAB or executive council should deliberate in secret and determine, by majority vote, the action to be recommended to the commander or CO and prepare a summary report of the information considered. The commander or CO will review the RAB's or executive council's record of proceedings and recommendations and approve, modify or disapprove the recommendation. The commander's or CO's final decision will be forwarded to NAVMEDLEADPRODEVCMDD dental programs for record purposes and retained on file in NAVMEDLEADPRODEVCMDD. NAVMEDLEADPRODEVCMDD dental programs will notify PERS-4415 if the training has been terminated and the officer is available for reassignment, and coordinate recalculation of the former resident's obligated service.

6. FTOS Training. Trainees in FTOS training in civilian institutions will be subject to the provisions of due process for that institution. All actions which would delay completion of training or lead to termination of training will be reported to NAVMEDLEADPRODEVCMDD dental programs by the trainee via the program director or other appropriate authority at the civilian training institution and the trainee's administrative command. NAVMEDLEADPRODEVCMDD dental programs will ensure the trainees are evaluated at least semi-annually to ensure proper progress is being made.

7. Reassignment after Withdrawal or Termination of GDE. DC officers who withdraw from a GDE program for any reason, and DC officers whose training is terminated, will normally be reassigned to an appropriate operational assignment, unless other administrative actions are anticipated or immediate reassignment in GDE is in the best interest of the Navy. Applications for reassignment to a GDE program will normally be via the DUINS Board.

8. Active Duty Obligation. Any officer whose residency program is terminated before completion must have their active duty obligation completed per the provisions of their program service agreement.